



CITY AND ROYAL BURGH OF EDINBURGH

# ANNUAL REPORT

OF THE

PUBLIC HEALTH DEPARTMENT

FOR THE YEAR

1957

BY THE

MEDICAL OFFICER OF HEALTH

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PUBLIC HEALTH DEPARTMENT,  
PUBLIC HEALTH CHAMBERS,  
JOHNSTON TERRACE,  
EDINBURGH, 1.

*September, 1958.*

*To : The Corporation of the City of Edinburgh.*

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report of the Public Health Department for the year 1957.

### **Mental Health**

Mental ill-health is one of the major present day medico-social problems. This is evident when it is remembered that almost half of all hospital beds in Scotland are devoted to the mentally sick and handicapped. It has been estimated that about one per cent of the population suffer from innate mental handicap, and although precise information is not available, reports indicate that probably one-third of all patients attending family doctors do so for a disorder with a mental basis. These facts emphasise the magnitude of the problem and the great necessity for building up an adequate service of prevention, care and after-care for the community. While much remains to be done, one of the most significant features of 1957 has been the progress made in this important aspect of the work of the department.

During the year the needs of the Mental Health Services in the city were the subject of a comprehensive report to the Health Committee and the recommendations which were approved have been summarised by the Senior Medical Officer in charge of this section of the department in other pages of the report. While some of the recommendations will require time before they can be implemented and others are still at the planning and discussion stage, progress has already been achieved, particularly as regards the care and after-care of the mentally handicapped. Thus the appointment of an experienced social worker has made it possible to extend home visitation of the mentally ill and handicapped, and to effect a closer liaison with other social workers in this field: accommodation, the first of its kind in Scotland, has been provided at Willowbrae House to give short-stay residential care for up to six mentally handicapped children under 13 years, and in this way give much needed relief to parents, assist them in times of domestic difficulty or allow them a short holiday: plans are well advanced to establish a unit in premises of the Pleasance Trust where severely handicapped children can be brought daily for simple forms of training to enable them to develop their full potential, while at the same time their parents are afforded some relief, and discussions have taken place with the local branch of the Scottish Association of Parents of Handicapped Children with a view to organising a "sitter-in" service on a voluntary basis for mentally handicapped children.

A comprehensive and satisfactory service for the mentally ill and handicapped requires, of course, the co-ordination of many diverse agencies, but in particular it requires the close liaison and co-operation between the three branches of the Health Service. For this reason the Health Committee initiated a meeting with representatives of the Regional Hospital Board and the Local Executive Council and at this meeting it was agreed to set up a small technical Working Party with members from each of the three bodies to discuss the position and make recommendations. This Working Party has now met on a number of occasions, and while no early or easy solution of a complex problem can be expected, these meetings have already proved of value, not only by giving opportunities for a frank exchange of views and ideas, but by fostering a sense of partnership in reaching forward towards a co-ordinated service in mental welfare.

### **Community Co-operation**

This spirit of co-partnership is, of course, essential in all aspects of public health work and it is a pleasure to record evidence of a growth in mutual understanding and co-operation in many other directions.

The regular meetings which have continued to be held as in past years by the staff of the department with the Professor of Tuberculosis and his consultant colleagues, have played an important part in welding all concerned into one team, with the result that a spirit of mutual goodwill permeates all aspects of the work in the prevention and control of tuberculosis. The readiness of all to pull together has proved invaluable in the many consultations between specialist, technical and administrative staffs of the Royal Victoria Dispensary, the Mass Radiography Unit, the Regional Hospital Board and the Public Health Department, which have been necessary in preparation for the mass x-ray campaign planned for March of next year.

There are also welcome indications of even stronger bonds between the department and the general practitioner service in the city. The advice, guidance and assistance of the Local Medical Committee on many health matters has been of great value to the work of the department, while there is little doubt that there is a greater and wider realisation by family doctors in the city of the help which they can obtain from their health department. More practitioners are coming to rely upon the health visitors and the Almoner in resolving the multiplicity of medico-social problems which so frequently hinder the clinical recovery of their patients.

Perhaps of even greater importance in the work for the public health is the need for a spirit of friendship and partnership between the people and their health department. Encouragement of greater public interest in health matters generally and the fostering of a closer working collaboration with the people is, in fact, an essential aim of the department. Practical community co-operation has been strikingly forthcoming in past years, particularly during the mass x-ray campaigns in Pilton and Central Leith, and in the more extensive campaign involving six wards recorded in last year's annual report. During the latter months of 1957 there has been again most gratifying evidence of the willingness of the people to help in the promotion of health in the community. The city-wide mass x-ray campaign mentioned in last year's report, which will take place early next year, is being organised on a community basis, with the example of the three previous



campaigns as a guide, and already committees composed of enthusiastic volunteers representative of all organisations and sections have been set up in each of the twenty-three wards of the city. The enthusiasm of the members of these committees has been most inspiring and augurs well for the success of the campaign. By the end of the year the original committee members in all wards had spread their enthusiasm to thousands of their friends, relatives and acquaintances, and their enormous initial task of recruiting voluntary workers to help with the campaign was well under way.

With public health teams comprising representatives of all sections of the department as advisers, a very close association has grown up between the ward people and the health department and it is hoped that many lasting friendships will be forged. Our hope for future advances in the prevention of illness and the promotion of health will depend on the maintenance of the remarkable community spirit which has prevailed throughout the city at the end of 1957.

### Vital Statistics

The Registrar-General's estimate of the population in Edinburgh at June, 1957, on which the appropriate vital statistics are calculated, was 465,671. This is a decrease of 1,218 from last year's figures and continues the downward trend which has been in evidence for some years. The present estimate is 1,090 below the population at the 1951 Census.

The proportion of persons over 65 years of age is now reckoned as 12.2% of the population. This compares with 4.4% in 1901 and 7.7% only 25 years ago.

The change in the structure of the population is throwing an increased burden on the health and welfare services and is also shown by the fact that 67% of all deaths during the year were in the older section of the population.

The general death rate was 12.9 per 1,000; heart disease, malignant disease, and disease of the nervous system accounting for almost three quarters (74.5%) of the deaths. Cancer of the lungs and bronchi was responsible for 269 or 4% of the total deaths. The great increase in this cause of death within recent years is illustrated in the following table :—

#### DEATHS FROM MALIGNANT DISEASE

	1947			1957		
	Male	Female	Total	Male	Female	Total
Deaths from <i>all</i> Cancer ...	478	491	969	652	559	1211
Deaths from Cancer of Lung and Bronchus ...	98	23	121	227	42	269
(Percentage of total Cancer deaths) ... ..	(21)	(5)	(12)	(35)	(8)	(22)

While a number of factors are probably responsible for this increase, the statistical evidence found not only in this country but in other countries, associating heavy cigarette-smoking with cancer of the lung, is so overwhelming that it is only right that the position should be made clear to all and that, in particular, efforts should be made to dissuade young people from commencing the smoking habit.

Deaths from infectious disease numbered 64 as compared with 40 last year. Of these deaths 58 were from influenza, mostly in persons of advanced years, but there was one death from measles, one from whooping cough and four from cerebro-spinal fever in young children.

There were 7,854 births to Edinburgh citizens in 1957, of which 4,060 were males and 3,794 females. The birth rate, 16.9 per thousand of the population, was the highest for nine years. Illegitimate births numbering 399 or 5.1% of all live births, and stillbirths totalling 153 or 19 per 1,000 births set a new low record rate for the city.

There were two maternal deaths. The first of these was a young woman who died undelivered at the sixth month of pregnancy from venous thrombosis and pulmonary embolism. An old-standing heart condition had been present for very many years. The second death occurred in a young unmarried woman who succumbed to pre-eclamptic toxæmia and post-partum hæmorrhage after delivery of a live-born infant. Both had received adequate ante-natal care.

The number of infants dying during the year was 191. This is higher than last year but, with the increase in births, the infant mortality rate remained at 24 per 1,000 live births, which equals the record low rate first reached in 1953. As in recent years, the majority of infant deaths took place within a few days of birth. Thus, 112 or 59% occurred within the first week and 64 or 34% during the first day of life. Prematurity, congenital anomalies and birth injury were the chief causes of infant deaths.

### Home Accident Prevention

There were 8 deaths amongst children under 1 year from accidental asphyxia (6 from the inhalation of vomited matter and 2 from overlaying). These figures show a welcome reduction on those of last year, but it is still necessary to continue to warn and educate parents against these distressing happenings. Another fact which causes concern is the continued fatalities from accidents of different kinds in the early years of life. Thus of the 24 deaths in children between 1 and 5 years, no less than 8 were accidental in origin—3 of these occurred in the home, 2 from accidental suffocation—the other followed a fall from a chair—and 5 out of doors, 2 from drowning and 3 from street accidents. There are also still far too many non-fatal accidents and details are given on page 117 of the 1,016 domestic accidents intimated to the department during the year by the various hospitals in the city. The number included in this year's report is considerably higher than that of last year, but it should be pointed out that this is not a real increase in non-fatal accidents in the city but is due rather to fuller reporting. As was mentioned in last year's report a comprehensive survey on accidents organised by the Department of Public Health and Social Medicine, Edinburgh University, in association with the Consultants in the city hospitals and with the Public Health Department, commenced during the year and there is little doubt that greater interest and more accurate notification is responsible for the increased number of non-fatal domestic accidents coming to light.

The fireguard scheme administered by the Home Safety Committee of the Edinburgh Accident Prevention Council on behalf of the Corporation has now been in operation for 7 years, and by the end of last year 2,350 fireguards were on

loan, at the modest charge of 5/- per year, to families with young children or to aged or handicapped persons. There can be no doubt that this scheme has prevented many burning accidents. It has also served as a very effective means of education in home accident prevention. During the year, to ensure that the provisions of the Heating Appliances (Fireguards) Act, 1952, were being complied with, the sanitary inspectors continued to pay visits to city shops retailing heating appliances. Altogether 224 appliances were tested and none failed to comply with the required standards.

### **Care of Mothers and Young Children**

This year marks the Fiftieth Anniversary of the passing of the Notification of Births Act, 1907, which by its adoption by the Corporation on the 1st January, 1908, initiated a complete scheme of maternal and child welfare for the city. The Principal Medical Officer in his detailed report of the work of this section gives an interesting historical note of these early years in the development of a service which remains one of the most important undertaken by the Health Committee.

The number of child welfare centres throughout the city remained at 29, but the one at High Street was used for the greater part of the year as a clinic in connection with the poliomyelitis vaccination scheme.

Extensions to the Midwives' Home at Southhouse Farmhouse commenced during the year. The alterations envisage not only additional residential accommodation for the midwifery and district nursing service, but a new child welfare centre on the ground floor. This will replace the present temporary centre at Southhouse Church Hall.

During the year 10,151 children under 5 years paid 68,699 visits to the various child welfare centres for advice, guidance and supervision by the child welfare medical officers and health visitors. These are again increases both in numbers and attendances on the figures of the past two years. There is only one ante-natal clinic provided by the Corporation, at Niddrie, most of those attending being booked for their confinements at the Elsie Inglis Maternity Hospital. The co-operation between children's hospitals and units in the city and the Child Welfare Service is now complete with the regular attendance by health visitors, started during the year, at the children's units at the Western General and Leith hospitals. These arrangements of co-operation between two branches of the Health Service interested in the welfare of young children has proved of great benefit both to the hospitals and the Corporation service. The infant feeding centre at Portobello was again in operation during July for the seventh year in succession. The attendances of 212 were disappointing and were lower than last year. This reduction was due to the very wet weather experienced during the month and to the bus strike.

There are now 37 welfare foods distribution centres in operation, one less than last year. The centres at Restalrig Church Hall and at Duddingston School were discontinued and a new centre to serve the same area of the city was opened at Willowbrae House.

Following the acceptance by the Government of the recommendations contained in the report of the Joint Sub-Committee on Welfare Foods (1957),



the entitlement of Orange Juic was restricted to children up to the age of two years and the Vitamin D content of National Dried Milk and of Cod Liver Oil Compound were reduced. Furthermore, on the 1st April the price of National Dried Milk was raised from 10½d. per tin to 2/4d. per tin. These changes have already had an influence on the uptake of welfare foods in the city. Thus, while the number of tins of National Dried Milk issued over recent years has tended to decline, the fall in 1957 was particularly marked. The comparative figures for 1956 and 1957 being 197,065 tins and 150,696 tins respectively, a reduction of twenty-four per cent.

The uptake in Orange Juice over the year was slightly higher than in 1956, but the effect of the new conditions has not yet been felt, as many older children whose token books had been renewed before the altered scheme came into force are still entitled to their former supply.

The uptake of Cod Liver Oil has decreased but that of Vitamin A and D tablets showed little change during the year.

### **Day and Residential Nurseries**

The day and residential nurseries continued to play an important part in looking after many young children in the city who, for various circumstances, were unable to receive proper care in other ways. The 14 day nurseries with 660 places had an average of 687 children on the roll and an average attendance of 76%. The satisfactory average attendance is particularly noteworthy in view of the widespread prevalence of influenza in the city during the winter and autumn months.

A review during June of the reasons for admission of the children showed that 97% fell into the first two priority classes laid down by the Health Committee and that 48% were children maintained by only one parent. Only 3% of the total number accommodated had been admitted temporarily because of family financial stress.

The three residential nurseries with 60 places had a particularly busy year in providing short-term accommodation for young children during the temporary illness or incapacity of the mother or guardian. There were 748 admissions in 1957 as compared with 668 last year and 691 in 1955. Besides relieving home difficulties, these nurseries give children health supervision and training which should benefit their physical development in future years.

### **Health Visiting**

There were at the end of the year, 101 health visitors employed in the department with, in addition, a Supervisor, Assistant Supervisor and a Tutor for the health visitor training course. Of these, 61 were attached mainly to Child Welfare, 25 to the School Health Service, 14 in the prevention of Tuberculosis and one undertook preventive and medico-social work in connection with Venereal Disease. There is no adequate yardstick to measure the value of the services given by these ladies, but they are rightly regarded as the key field-workers in the prevention of illness and the promotion of health in the city. Some idea of the volume of work undertaken, however, is shown by the fact that in 1957 approximately



164,000 visits, 4,000 more than last year, were paid to give advice and guidance in an endless variety of circumstances, and this does not take into account the large number of waste visits or of the additional day and evening help given in connection with the forthcoming x-ray campaign. Space will only allow reference to a few of the more outstanding developments in the health visiting service during the year.

Mention was made last year of the arrangements being made to combine child welfare and school health functions in the same health visitor, particularly in the residential areas. This policy has continued and there are now eight health visitors engaged in combined duties. While this is a comparatively small number, progress must necessarily be slow as there are considerable administrative difficulties involved, especially in the more built-up parts of the city.

Another interesting development which has made headway is the scheme for the ascertainment of deafness in young children. The health visitors who received training in simple methods of testing last year by Professor and Mrs. Ewing of Manchester University, have now imparted the instruction to their colleagues. While the ideal scheme would be the examination of all infants and young children at periodic intervals, this is manifestly impracticable at the present time, but an endeavour is being made to test all young children with a family history or with suggestive signs of deafness. During the year health visitors tested 742 children at day and residential nurseries, child welfare centres or at home, and six were found to require further investigation. The defective hearing in two was of a temporary nature due to upper respiratory catarrh and in other two normal hearing returned after surgical treatment. The remaining children attended the special diagnostic unit of Donaldson's Trust; one who required a hearing aid is attending a special school for the hard-of-hearing and is making good progress; the other is still under observation.

A feature of recent years has been the increased co-operation between health visitors and the general practitioner and hospital services. Further advances in this direction have been achieved and it is worth recording that with the completion of arrangements with the few remaining hospitals during the year, health visitors now attend regularly at all hospitals in the city where children receive treatment. This has proved of mutual benefit to both services.

Another aspect of co-operation is the increasing demand for the assistance of health visitors in investigations and surveys on many diverse problems. This is an interesting trend and provided research projects do not unduly interfere with routine work, is to be encouraged. The health visitor, however, should not be employed merely as a collector of facts, but as an active collaborator. With her training and experience in field work she has an invaluable contribution to make and her advice and guidance should be sought at the early planning stages.

The Health Visitor Training School in Edinburgh had 27 students last year, and with one exception, all were awarded the health visitor's certificate after examination. A full complement of 30 students were enrolled at the school in October and will be the first group to receive the extended nine months course of health visitor training.

## Home Nursing

As in previous years the Home Nursing functions of the Corporation have been satisfactorily undertaken by the agency arrangements with the Queen's Institute of District Nursing. The Queen's Nurses are State Registered Nurses with a special training for which they receive a certificate after a theoretical and practical examination designed to enable them to adapt their hospital training to the varying conditions found in the home. The staff engaged on domestic nursing in 1957 included 44 trained nurses and 21 nurses in training with an administration staff of six. A total of 306,941 visits were paid to 10,452 patients. The number of patients helped was fewer than last year. This reduction is due in large measure to the diminished calls for patients with tuberculosis, such visits being 9,356 fewer than in the previous year. On the other hand, there was a greater number of elderly people requiring nursing care, many needing twice or thrice daily attendance. The employment of male nurses is of particular value in the nursing of many elderly men and the services of the six male members of the staff are in constant demand. In fact, consideration is being given by the Health Committee to providing a second pool car to enable them to undertake the many visits they are now asked to pay.

## Domestic Help

The Home Help Service continues to play an invaluable part in keeping homes going through times of illness or difficulty, and no day passes without letters being received expressing gratitude for the assistance given. The day-to-day administrative task devolving on the Supervisor and her assistants of keeping the service operating at the high level of efficiency which it attains, is perhaps not sufficiently realised and appreciated. At the end of the year the staff consisted of 199 home helps (51 full-time and 148 part-time)—an increase of 22 on the number last year. To achieve this increase, 83 women had to be recruited and many more interviewed because there is, of course, a constant wastage of staff throughout the year. Thus in 1957 no less than 61 home helps resigned owing to illness or domestic circumstances, or left to take up other employment.

The service had a particularly busy year and the number of cases to which help was given totalled 1,393, an increase of 39 on last year. As in recent years the most numerous calls were in connection with general illness and the elderly, but assistance was given to 340 maternity and 15 tuberculosis cases. The evening and week-end service for elderly persons living alone ensured for them more continuous attention and supervision and the night-sitter service from 8 p.m. to 6 a.m. was requested for four seriously ill patients. The innovation mentioned last year whereby two home helps give two hours daily to elderly persons three times a week has proved a success.

An interesting and important development during 1957 was the appointment of a male home help to the staff. This appointment is at present on a temporary basis but the experience gained has amply justified the experiment. So far the male home help has given assistance in the homes of four house-bound or bed-ridden elderly men living alone without relatives, and has been able to undertake duties of a personal nature which could not be readily given by a female home help.

## Almoner

The evolution of the profession of almoning has tended to connect the Almoner with the solving of medico-social problems associated with the hospital patient only and the fact that similar difficulties arise in general practice is sometimes forgotten. Not only can assistance by the Almoner be invaluable to the family doctor, but her work in the domiciliary field has many advantages. She sees the patient against his natural home background and has the constant guidance of the doctor with his intimate knowledge of his patient's medical, social and emotional needs. Moreover, she can give a continuity of service often denied the Almoner whose activities are restricted to the hospital sphere. It is encouraging to find, therefore, that within recent years general practitioners in the city are coming to recognise more and more the help they can obtain from the Almoner in the Public Health Department. During 1957, of the 443 cases dealt with, no less than 195 were referred by family doctors. This is an increase of 34 over last year's figure and 106 more than in 1955. Another important aspect of the Almoner working in the public health sphere is the part she can play in co-ordinating the help of other statutory and voluntary services directed towards assisting the patient. The informal meetings held from time to time with other social workers in the city and with the members of the general practitioners' unit have done much to sort out what each member of the team can contribute to the patients' welfare.

The once-weekly visits to Sighthill Health Centre started last year have continued and 58 patients were referred for help in 1957.

## Domiciliary Midwifery

There is no change to report in the arrangements for domiciliary midwifery in the city—the local health authority duties being undertaken by 15 full-time midwives directly employed by the Corporation and by agency arrangements with the Queen's Institute of District Nursing and the Simpson Memorial Maternity Hospital.

Home confinements amounted to 1,383, being 52 more than last year and representing 17.6% of the total births to Edinburgh citizens. Corporation midwives attended 928 or 67% of all births at home; Simpson Memorial Maternity Hospital midwives attended 234, and the Queen's Institute of District Nursing 139. Of the remaining 82 home confinements, 58 were undertaken by the staff of the Elsie Inglis Maternity Hospital, 13 by private maternity nurses, 5 by a medical practitioner only and the remaining 6 had neither a doctor nor midwife in attendance.

The introduction of the approved apparatus for the administration of trilene mentioned in last year's report, has allowed the increased use of this analgesic. Thus of the 1,925 analgesics given at home confinements in 1957, trilene was used in no less than 902 instances.

The organisation of the maternity services in Scotland is at present under review by a Committee set up in the latter part of 1956 by the Scottish Health Services Council. It is expected that its report, which is awaited with interest, will be issued next year.



### School Health Service

This year is the fiftieth anniversary of the institution of school medical inspection in Edinburgh. The first School Medical Officer for the city was appointed in February, 1907, the year prior to the passing of the Education (Scotland) Act, 1908, which made routine inspection a requirement for all schools in the country. Since those early days great changes have taken place, and while routine medical inspection remains a basic duty, the functions and activities of the School Health Service now cover an ever-widening field. The manifold duties undertaken by the staff, embracing as they do all matters likely to affect the health and welfare of the school child, are clearly brought out by the Chief Executive School Medical Officer in his interesting and important report.

This report should be studied in full, but mention may be made here of some of its more outstanding features.

Middleton House Residential School for delicate and convalescent children was closed during the year. While there are still some children in this category, and it is intended to open a smaller school on similar lines, the fact that it has been possible to dispense with this larger institution is a clear indication of the increasing good health of school-children and that their nutrition is being well maintained. There was a high incidence of infectious disease compared with previous years. This was due in large measure to a city-wide epidemic of rubella, but outbreaks of dysentery occurred in a number of schools. Personal hygiene is an important factor in the prevention of spread of this disease, a fact which emphasises the importance of adequate hand-washing facilities in schools. The common roller towel is the usual provision, but an investigation was undertaken during the year to assess the value and practicability of other more hygienic methods of hand-drying. Following this investigation it is intended to introduce into a number of primary and secondary schools either individual towels, paper towels or automatic roller towels in place of the common roller towel, and from the experience gained to extend these facilities to all schools.

Another important investigation undertaken by the School Health staff has shown that it is possible by special methods to carry out vision testing of 5-year-old entrants instead of waiting, as is the general practice, until they reach the age of 7 years and can read the usual sight-testing cards. It is intended from this successful experiment to introduce earlier visual examination as a routine measure and in this way the small group of children with defects of vision will receive earlier advice and treatment. B.C.G. vaccination, which has been available since 1953 for school leavers in all Corporation schools, was extended to 13 of the 18 independent secondary schools in the city. This is a noteworthy advance in the campaign against tuberculosis.

An interesting account is given by the Chief Executive School Medical Officer of the work entailed in the supervision of boys and girls admitted to the Remand Home. It is not perhaps sufficiently realised how much time and careful attention is required of the school medical staff in examining, assessing and reporting on these unfortunate young people.

Finally, attention should be drawn to the disquieting results of the enquiry carried out during the year into the accommodation available in various schools in the city for medical inspection and supervision. The reports on 117 medical



rooms show that only about one-fifth of them are reserved completely for the purpose for which they were planned, and that in no less than 57 of the schools visited, there is no separate accommodation for the School Health Service staff. As the Chief Executive School Medical Officer rightly says : " So long as these conditions persist—so long will the quality of the work done suffer through no fault of the doctor, dentist or health visitor concerned." This is a state of affairs which calls for attention and rectification.

### **Dental Services**

The Dental Service had increased to 16 full-time dental officers by the end of 1957. There were, however, a number of staff changes during the year which accounts for a decrease in the amount of work accomplished. A total of 41,000 attendances were made by schoolchildren and 26,370 fillings and 16,850 extractions undertaken. Dentures were fitted to 154 children. In most cases the dentures were only required to replace one or two front teeth lost by accident, but the teeth of one 13-year-old girl were so decayed that dentures were needed to replace all but four natural teeth.

The number of expectant and nursing mothers and young children who received dental examination and treatment showed an increase on last year. In fact, the number of mothers dealt with was higher than in any previous year. The figures were 299 mothers and 1,057 pre-school children as compared with 240 mothers and 1,020 children in 1956. One of the two oral hygienists resigned during the year to take up hospital work and so far no replacement has been found possible. This is unfortunate because the oral hygienist plays an important part in the service by assisting in the scaling and cleaning of teeth, gum treatment, topical application of fluorine, and by the teaching of oral hygiene.

The three new dental surgeries at the Firrhill and South Fort Street centres and Hyvots Bank primary school are nearing completion. This will bring treatment facilities within more convenient reach of the children and expectant and nursing mothers in these areas and will relieve the overcrowding at other dental clinics.

### **Vaccination and Immunisation**

Poliomyelitis in recent years has aroused widespread fear whenever cases have occurred. It is therefore a major advance in preventive medicine that a protective vaccine is now available against this dreaded disease.

The first supplies of vaccine reached the city in May, 1956, and immunisation was confined to children born in November in the years 1947 to 1954, and those born in March in the years 1951 to 1954. By the end of 1956, 1,682 children had received the completed course of two injections given at monthly intervals.

In 1957 vaccination was extended to all children born during the years 1947 to 1954 and, as a result of letters delivered to parents in addition to wide press publicity, written consent was received from the parents or guardians of 21,861 children, all of whom had been offered vaccination by the end of October. Before the end of the year the scheme was further extended to include children born in 1955 and 1956 and, at the close of the year the number of children registered and

awaiting vaccination was 13,122. British vaccine only was available during this period and, in all, 19,269 children completed the immunising course whilst a further 3,296 children had received their first inoculation. The vaccinations were undertaken at the child welfare centres at 221 High Street, Sighthill Health Centre and 29 Windsor Street by medical officers on the staff of the department with the assistance of a temporary assistant medical officer and three female clerks. Appointment letters were sent to parents or guardians and considerable correspondence developed owing to outbreaks of rubella in the spring and influenza in the autumn, which caused numerous deferments of appointments.

An alteration to the usual procedure for protection against diphtheria and whooping cough was advised in the summer of 1957, following a report by the Medical Research Council which drew attention to the possibility of paralytic poliomyelitis occurring following an injection of combined antigens such as the combined diphtheria and whooping cough preparations. In view of this advice, it was decided to cease using combined diphtheria-pertussis antigen, and the procedure for protecting children against diphtheria and whooping cough now involves separate injections—two against diphtheria and three for the prevention of whooping cough. This means that each child receives five injections instead of the three which were previously employed, but it will be worth while in order to prevent paralytic poliomyelitis occurring even in a small number of children.

Advice about the changed procedure was conveyed to all general practitioners in the city who normally undertake much of the primary immunisation against diphtheria and whooping cough. According to information received from the doctors and from the child welfare clinics, a total of 5,791 children received their primary immunisation against diphtheria during the year and a further 8,711 reinforcing inoculations were given to children at school. Primary vaccinations against smallpox numbered 6,036 while 2,378 re-vaccinations were performed during the year. The follow-up of those children immunised in the course of the triple antigen investigation in 1954-55 was completed in November and it is anticipated that the results of this investigation will be known shortly.

### Influenza

The city did not escape the country-wide influenza epidemic in the autumn of the year. In Edinburgh the first cases occurred amongst school-children early in September, and the disease gradually spread to the younger and older groups of the population until a peak was reached in late October and early November. As the epidemic progressed, persons over the age of 45 years tended to be most seriously affected. At the same time, whilst in the early days a 3-4 day absence from work or school was the rule, this period steadily lengthened as the epidemic developed.

Two separate types of cases were recognised clinically—one confined to the upper respiratory tract and the other showing symptoms mainly of a gastrointestinal infection. Pneumonia was a serious complication of the respiratory type of infection and special arrangements were made by the Regional Hospital Board after discussions with this department for special hospital accommodation

and expert medical and surgical attention to be immediately available for those patients. It is significant that the highest number of deaths from infectious disease in 1957 was attributable to influenza, the total being 58.

The hospitals and the department's nursery staffs were seriously affected, but were always able to carry on. It is of interest that factories were not greatly affected and that city transport suffered no interference—in fact, the absence rates in the Transport Department were only moderately increased. It is noteworthy that the incidence of influenza was higher amongst conductors than in drivers.

It was estimated that during the epidemic in the city some 60% of the school population was affected, the incidence being lower amongst the teachers themselves than amongst pupils.

In keeping with the laboratory findings in other parts of the country and abroad, the virus was identified by Dr. Swain of Edinburgh University as being Virus 'A'. It will be remembered that the infection commenced in the East some months earlier and, immediately the virus had been identified, manufacture of influenzal vaccine was commenced. The time period was, unfortunately, too short to allow of large supplies of the vaccine being available at the beginning of the epidemic in this country, but by the end of October a limited supply of vaccine came to hand and doctors, midwives, nurses and other key workers were protected. As the epidemic was on the wane by the time the second injections were given to those individuals, it was not possible to form any assessment of the value of the vaccine in preventing infection.

### Other Infectious Diseases

Contrary to our experience last year, it is possible to report a very considerable decrease in notifications of infectious disease, the number being 4,927 as compared with 7,386 last year. Notifications of measles (confined to the first case under five years in a household), for example, fell from 2,542 to 1,284 and those of whooping cough from 1,731 to 1,153. Both illnesses in most instances were of a mild nature, but one child in the 1-5 age group died from measles and a 5-year-old child died from whooping cough.

In common with all parts of the country, at the present time there is as yet no indication in the city of any diminution in the incidence of the gastro-intestinal group of diseases—the enteric fevers, dysenteries and food poisoning. With dysentery and food poisoning in particular, it is known that the actual incidence of infection is much higher than is disclosed by notifications. This is a direct result of these illnesses being so very mild in many instances that the patient may not require medical attention, or a doctor, when consulted, may not consider bacteriological investigation necessary in such a mild upset. It is probable, therefore, that at all times in the community there are many people with a mild infection, or even with no symptoms whatsoever, capable of passing on the infection to others.

During the year, 203 suspected food poisoning incidents involving 343 cases were investigated by the department. The most important causal agent incriminated was the salmonellae group of organisms which gave rise to sporadic cases spread throughout the year. One most unusual and rare type of infection, diagnosed



as being due to *Salmonella* Hessarek, occurred in a 14-year-old boy in the Bingham district. This is thought to be the first known case of human infection ascribed to this organism. It was first mentioned as being obtained at the Pasteur Institute in Paris from a specimen of the intestines of a crow found in Persia. The source of the infection in Edinburgh could not be traced despite a most intensive investigation, but it is known that Australian egg has since been implicated elsewhere.

A typical outbreak of infection due to *Clostridium Welchii* organisms is worth describing as it clearly indicates exactly how this type of infection can be prevented. The infection of a gastro-intestinal nature affected 34 members of the staff of a Government establishment following their Christmas lunch. The two turkeys consumed at this meal were cooked in an electric oven on the Friday, after which the oven was switched off with the birds remaining inside until Monday. The bacteriological findings incriminated *Clostridium Welchii* as a contaminant of the turkeys or the stuffing. There is no doubt that the warm oven over the week-end would provide ideal conditions for the multiplication of organisms which had not been completely destroyed by cooking. The obvious lesson is that, following thorough cooking, the food should be removed and kept in a cool place, preferably a refrigerator, where proliferation of the organisms would not occur.

There was a slight fall of 112 in the number of notified cases of dysentery for the year, the total being 912. As has been the general experience in recent years, the incidence of this infection rises in the early part of the year until March and this has been attributed, correctly no doubt, to direct contact between children at school. Special preventive measures were introduced in the Inch, Gilmerton, area in the early spring when six schools were affected in an outbreak. Health talks were given to pupils and teachers and the hand-dipping procedure, using a quaternary ammonia solution and paper towels, was introduced into every classroom. At the same time, disinfection was undertaken in the sanitary accommodation, special attention being directed towards the lavatory seats, pull handles and door handles. It is considered that these measures were effective in terminating the outbreak earlier than might otherwise have been possible. While this action was being taken in the schools, a general campaign in the Liberton ward was put into operation. Talks, posters and personal letters were employed, and the co-operation of the family doctors and the public was obtained.

Three cases of typhoid fever were notified—one in a young child from the county area who was found to have the condition when admitted to the Royal Hospital for Sick Children, her sister having previously had the disease; the second case was a seaman who developed diarrhoea and vomiting after leaving Bone in Algeria. He was not seriously ill, but did not recover completely despite treatment in this country, and he later sailed for Freetown in Sierra Leone where he consumed fruit obtained locally. On arrival in Edinburgh some weeks later, he was diagnosed bacteriologically as a case of typhoid fever, the blood examination suggesting that the infection was probably contracted in Freetown, and that his earlier condition had not been enteric; the third case is of some importance, occurring in a young woman of 23 a few days after her return from a holiday in Spain. It would appear to be advisable for all persons proceeding to such



countries to have themselves protected by TAB vaccination. There were seven cases of paratyphoid 'B', only three of whom actually contracted their infection in Edinburgh—one of these being infected by her grandmother, an Estonian, and a chronic paratyphoid 'B' carrier for some 30 years. As had been indicated in previous reports, it is seldom possible, despite intensive investigation, to trace the source of infection in these sporadic cases.

There were three cases of Weil's disease during the year, one in a man who arrived in the city two days before the onset of the illness, the source of infection therefore being outwith Edinburgh, and another in an inhabitant of sub-standard property, although no source of infection could be traced. A boy of 14 years, the third case, was known to have been playing in two burns where slight rat infestation was evident, and measures were successfully taken for their eradication.

Infectious hepatitis is not a notifiable disease but, towards the end of the year, a few cases occurred in a primary school. On investigation, a number of hitherto unknown cases were discovered, the difficulty being that this infection is not readily recognisable as infectious because of the long incubation period of up to 40 days. It was considered that the poor lavatory accommodation at the school was ineffective in preventing the spread of infection, and the hand-dipping and disinfectant routine employed in dysentery outbreaks was instituted with some success.

There were only seven cases of poliomyelitis notified during the year, the lowest figure for a decade. The average annual number of poliomyelitis cases over the previous 10 years was 49. It may be that the city's early start in immunising children against poliomyelitis has played a part, but it is rather early yet to attribute this remarkable decline to this factor. The poor summer weather is as likely an explanation as any other.

### Prevention of Tuberculosis

Mention was made last year of the changing picture of tuberculosis in the city over recent years. Stress was laid on the value of mass miniature radiography in the control of the disease, and it was indicated that the Health Committee were not satisfied with the limited share which Edinburgh was receiving in the deployment of the x-ray units.

The picture changed significantly during 1957 and, although the event itself will not take place until 1958, the whole strength of the Health Department has been concentrated for the last six months of the year on preparations for the x-ray campaign of March, 1958. At the beginning of the year the Health Committee considered the offer by the Department of Health to provide 10 mass miniature radiography units in the following spring, the months of February and March being mentioned. The Committee advised the Department that February was too early in the year for Edinburgh, and that it would be very difficult indeed to maintain a campaign for eight weeks with all the essential up-to-date publicity. Failing the provision of a greater number of units later in the year, the Committee decided to base their initial plans on the offer by the Department of Health, and planning for the large-scale campaign which eventually became possible was handicapped until, quite late in the year, the

delicate negotiations with the Ministry of Health and the English Regional Hospital Boards for additional units had been crowned with success.

Nevertheless, two major steps were taken in the first half of the year. The first move, made in March, resulted in a most active and influential publicity committee being formed early in October at the invitation of the Lord Provost.

The next step was the extension to the whole city of the system of ward community organisations so successfully tried out in Pilton, Central Leith, Liberton and Portobello in previous years. Before the end of April some 80 individuals and organisations in each of the 23 wards of the city were invited to attend a preliminary ward meeting. In all wards full support for the campaign was promised, and the succeeding months saw formed ward committees, each with sub-committees for policy and planning, visiting, publicity and transport. While this general plan of action was fairly uniform throughout the city, several wards with a scattered population preferred to set up four or five sub-area committees which dealt with all matters for their own areas.

The first task of these committees was the enormous one of recruiting volunteers to visit and make personal contact with the occupants of every house in the ward. The various voluntary and church organisations were the main source from which volunteers were obtained and, as visitors came forward, briefing meetings were held with films on tuberculosis and mass radiography and a talk by a member of the Public Health team. These teams, to which reference has already been made, were allocated to each ward committee in order to give help and guidance in their deliberations. In recruiting household visitors, each ward was given a quota on a scale of one visitor for every 20 houses in the ward. At the same time, volunteers for reception, clerical, publicity and transport duties were needed and a target for the city of 10,000 voluntary workers was set. Recruiting started very early in some wards and one ward had easily gathered its target figure of 313 visitors by the middle of October.

Because of the uncertainty about the number of units which would be available, the need for the maximum number of public sessions during the campaign became paramount, and it was decided to do as much preliminary x-raying as practicable of such preformed groups as mental and chronic-sick hospitals, old persons' homes, convents, voluntary workers, etc. In addition, on account of the radiation hazard, it was considered advisable not to ask persons who had had a chest x-ray three months prior to March, 1958, to attend the units and records of these people were obtained.

When it became known that 27 miniature x-ray units would be available from 3rd to 28th March, 1958, it was possible to decide the amount of unit time which could be allocated to each ward. Among the many variable factors which had to be considered were ward population with age structure, ward size with geographical obstacles and transport routes, social structure within wards, the value of units near the city centre, and the need for units devoted to large-film work. The final plan to share 17 units between 23 wards divided the city into five sectors, each with three or four miniature units and one large-film unit.

The general pattern of the campaign had also to be decided. The alternatives were to spread the units throughout the city with x-raying going on in each ward during the whole period of the campaign or to concentrate the units and cover

the city in a series of "blitzes." The decision to adopt the "blitz" method detracted somewhat from the publicity value of each ward taking part in a league table competition, and the earlier areas had the possibility of the worst weather, although this was offset to some extent by the opportunity to re-visit the non-attenders.

Possible sites known from previous experience, ward committee advice, local information and other sources were plotted on a map showing ward and sector boundaries. Each was visited and assessed after consultation with various people—the police for parking, the City Engineer regarding weight of vans on bridges and drains, the City Architect regarding power supplies and feasibility of adaptation. These were, of course, in addition to owners of halls who had to be consulted about the availability of their premises and, once the site had been finally selected, about the various adaptations required.

Many sites were discarded as being technically unsuitable and, by the end of the year, a tentative siting plan showing first-choice sites with alternatives was produced. To cover the wards adequately, several units had to be placed on border sites—hence the changing of one site affected several others in order to achieve balance. Gradually a pattern was evolved in which units would operate for the whole month in the centre of the city and around the centre for the first two weeks was a ring of units which then moved to the peripheral areas for the last two weeks.

From October until the end of the year the Publicity Committee was making every effort to assist the wards in recruiting voluntary workers. It was also planning the Opening Ceremony and arranging to build up outstanding prizes for an x-ray prize draw. The Health Education staff of the department with the Scottish Information Office were pressing on with general campaign publicity, including the planning of press display advertising, the design and production of publicity material, the planning of a programme of events, and the organisation of the card record system.

Thanks to the efforts of the Publicity Committee, an appeal by the Lord Provost for volunteers on the 15th October was accorded quite remarkable press, radio and television support. A film of this press conference was shown on the television news and the main points of the Lord Provost's speech were broadcast on the sound news, whilst headlines, editorials and front-page treatment in the press were on a most generous scale. The Publicity Committee also arranged for a recruiting stall in the *Daily Mail* Ideal Homes Exhibition in the Waverley Market to be manned by ward committee members who recruited 848 voluntary workers between the 24th October and the 9th November.

Recruitment posters with facilities for enrolment in public libraries and offices of newspapers were a successful measure, as also were recruiting stands continuously staffed in four large stores for two weeks during the Christmas period.

In general then, it can be said that by the end of the year preparations in every direction were well under way and the Health Department staff and the many indefatigable workers in the wards welcomed the Christmas break as their last rest period until the end of March.



## Health Education

As would be expected, the Health Education section has been heavily engaged in the preparatory work for the campaign, and other aspects of its important programme have had to take second place. Nevertheless, time has been found during the year for the organisation of a substantial number of health education meetings, while the experimental scheme of health education at Ainslie Park Junior Secondary School was repeated and developed, and the health education courses for teachers in training at Moray House continued.

The Senior Medical Officer for Research and Health Education in his report, which will repay careful reading, devotes special attention to the development, planning and progress of the essential publicity work for the x-ray campaign, which has been a prominent feature of the work of his section. Of particular interest is his summary of the important survey of public opinion on tuberculosis in Edinburgh, which he carried out in association with the staff of the Department of Public Health and Social Medicine, Edinburgh University. This enquiry has given information of the present knowledge and attitude of the public to tuberculosis and will serve as a basis for measuring at a later period the changes achieved by the health education and propaganda used during the x-ray campaign. The survey has also made a significant contribution to the development of propaganda for the campaign. Thus amongst other matters it has shown clearly the need for directing particular attention in publicity to the older and to the well-to-do sections of the population.

## Venereal Disease

An interesting and informative review of the venereal disease position in Edinburgh is again given by Dr. Robert Lees, Physician-in-Charge of the Department of Venereal Diseases. A total of 2,932 patients attended for the first time during the year, and a diagnosis of some form of venereal disease was established in 2,145. This is a small decline in incidence. The number of cases of syphilis showed a further decrease and most cases were diagnosed in the late or latent stage. Early syphilis has become such a rare disease, only nine cases were treated last year, that as Dr. Lees points out, many medical students graduate without seeing a case. The number of new cases of gonorrhoea were also fewer than last year. Non-specific urethritis in males and trichomonal infection in females, however, continue to present special problems, not only because of their prevalence, but because they are in general more difficult to cure.

One of the health visitors continued to be seconded for duty in the prevention of venereal disease. While an important part of her work is concerned with tracing sources of infection and visiting defaulters to persuade them to return for treatment, much of her time is spent at the Treatment Centre where she meets all new cases and endeavours to find out and relieve any difficulties which might prevent them continuing treatment. Her services are also very useful in overcoming the worries inherent in first attendances and in explaining the treatment which is ordered.

Dr. Lees' report includes information on the sources of infection and other factors associated with the spread of the venereal diseases. It is particularly satisfactory to learn that there is comparatively little venereal infection among young teenagers.



### **Bacteriological Service**

Professor Robert Cruickshank was appointed to the Chair of Bacteriology, Edinburgh University and Consultant Bacteriologist to the South Eastern Regional Hospital Board in succession to the late Professor Mackie. Professor Cruickshank has, of course, a world-wide reputation as a distinguished authority in the field of bacteriological research and teaching. He has always had a special interest in public health matters and in extending to him a very warm welcome to Edinburgh, we look forward to the continuation of the close and fruitful association which has always existed between the Bacteriology Department of the University and the Public Health Department.

We are indebted to Professor Cruickshank for information on the work carried out by his staff for the Corporation and general practitioners in the city. The number of examinations undertaken in 1957 was smaller than that of the previous year. The figures for Sonne dysentery were lower but indications at the end of the year, unfortunately, did not suggest that this favourable trend was permanent.

The number of specimens examined for food poisoning was also lower. Of particular interest this year was the isolation of Salm. Hessarek from an ill boy in the city, the first known case of human infection with this type of salmonella.

It is again a great pleasure to return grateful thanks to the staff of the Bacteriology Department, not only for the valuable help they give in examining the numerous specimens submitted to them, but particularly for all the skilled advice and guidance on a variety of problems which is always so willingly forthcoming.

### **Voluntary Organisations**

It is a pleasure to report the continued active and valuable help given to the department by a number of voluntary organisations and workers in Edinburgh.

The Voluntary Health Workers' Association continued their important work in providing facilities for the care of young children from 2 to 5 years. The 21 toddlers' playgrounds had a roll of 584 and an average attendance of 449 children. How much these playgrounds are appreciated by mothers is shown by the list of children awaiting admission, which numbered no less than 506 last year. Medical supervision continues to be provided by the child welfare medical officers. The city is indeed indebted to the ladies of the Association and in particular to Dr. Margaret Brotherston, the Organising Secretary and Treasurer, for all the time and thought she gives so ungrudgingly to this valuable work.

The Scottish Association for the Adoption of Children, which has always worked in close and harmonious association with the Child Welfare Service, completed its thirty-fourth year during which it has arranged no less than 1,823 adoptions. The number of children placed for adoption in 1957 was 33, the same number as last year. The Child Welfare Medical Officer continued to undertake advisory medical duties for the Society.

The Edinburgh Association for Mental Welfare under the inspiring leadership of Mrs. I. C. Bruce, Chairman, and Mrs. C. D. Kerr, Secretary, continued its valuable work in home visitation and supervision for as long as considered necessary for children who have left special schools. The Association also, in co-operation

with the Education Department and the Youth Employment Service, takes an active interest in the provision of clubs, occupation centres and holidays for those over school age. The girls' class in sewing and laundry, formerly at Regent Road, was transferred during the year to larger and better premises at Lauriston Place; there are now 32 on the roll, 15 attend for 5 days each week and the remaining 17 for 5 half days each week. The Senior Occupation Centre which provides cobbling and woodwork activities for males is still at Fountainbridge, but it will be transferred early next year to more suitable and commodious premises at Slateford.

The Home Safety Committee of the Edinburgh Accident Prevention Council had another busy year of valuable work in the cause of home accident prevention. The members of the Committee under the able chairmanship of Mrs. M. W. Keddie continued to administer the successful fireguard loan scheme already referred to and to spread knowledge of the importance of the problem by general propaganda and by addressing many meetings during the year.

Another voluntary association which deserves the gratitude of the public is the Infantile Paralysis Fellowship, which continued its excellent work in the after-care and welfare of those handicapped by poliomyelitis. Facilities at Warrender Baths were again made available by the Corporation and the cost of additional heating, which is so essential, was made by the Health Committee. The Baths are available each Wednesday morning and between 20 and 30 members of the Fellowship attend regularly.

Finally, tribute is again paid to the Women's Voluntary Service and to other workers who give much appreciated help in the distribution of welfare foods throughout the year. The fact that, of the 38 welfare centres in the city, no less than 21 are fully and 4 partially staffed by voluntary helpers, is some measure of the debt the city owes to these public-spirited ladies.

### **Sanitary and Veterinary Services**

Mr. James F. Anderson retired on 12th August from the post of Chief Sanitary Inspector which he had held for the past seven years. Mr. Anderson has had a long and distinguished career in the Sanitary Department. He was held in high esteem by all his colleagues in the Local Authority Service and by his tact, gentlemanly bearing and consideration for others, he was respected by all with whom he came in contact. Perhaps his most outstanding contributions were in the fields of clean air and clean food. He was for many years a member of the Executive Committee of the National Society for Clean Air, and because of his special experience and knowledge he was appointed by the Secretary of State last year to the newly-formed Scottish Food Hygiene Council. He was also a prominent member of the Royal Sanitary Association for Scotland, and in 1954 he had the honour of being elected President.

In extending to Mr. Anderson the best wishes of his colleagues and friends in the Public Health Department for a long and happy period of retirement, we would like to offer our congratulations to his successor, Mr. James Robertson, on his appointment by the Corporation to this important office.

The reports of the Chief Sanitary Inspector and Veterinary Inspector give a



detailed account of the important and varying duties carried out by their departments. These two reports should be read in full, but reference may be made to a few of the more outstanding features.

As was mentioned in last year's report, one of the most important recent advances in environmental hygiene was the passing of the Clean Air Act, 1956, which gives local authorities more effective powers to deal with smoke pollution. The Edinburgh (Smokeless Zone) Order No. 1, which was confirmed by the Secretary of State, became operative on 1st March, 1957. This is the first phase of a much larger and expanding area and preparations for the second phase covering 125 acres and including over 1,000 houses in addition to schools, offices and shops, were in an advanced stage at the end of the year. Consideration is also being given to the possibility of promoting a smoke controlled area in the central parts of the city. Before a proposed smoke control area can be submitted for confirmation, preliminary work of an exacting nature is required. This is clearly brought out by the Chief Sanitary Inspector in describing the various details which require attention when an area is being surveyed. Another important step towards a cleaner atmosphere in the city was the decision by the Corporation that in future, tenants in all new housing schemes will require as a condition of tenancy to burn smokeless fuel. This decision has followed the successful experiment in the Gracemount housing estate which was occupied in the late summer and autumn of 1956. The opportunity was taken last year to ascertain the reaction of the tenants in this scheme to the use of smokeless fuel. This showed that 85% of householders were satisfied with the use of coke in open fireplaces, the majority being enthusiastic on the benefits in space heating, cleanliness and hot water supply : 8% were doubtful and only 7% were dissatisfied, alleging that the coke fire was difficult to light, expensive to operate or the cause of sparks from the coke.

The Chief Sanitary Inspector in his report gives details of the houses which have been closed or demolished under the Housing Acts since 1923. Satisfactory housing of the population is the keystone of public health and the decision taken on long-term policy by the Housing Committee during the year should speed up the treatment of the many unfit properties in the city. The Spey Street Clearance Area was confirmed by the Secretary of State on 7th November and preparations are being made to represent for clearance area procedure the properties in Greenside, Carnegie Street, Beaumont Place and Dalrymple Place.

There has been evidence within recent years of an improved attitude by many food handlers to the public demand for higher standards of food hygiene. While education both of food handlers and the public is essential, powers will be required to insist on action when necessary. It is hoped, therefore, that food hygiene regulations under the Food and Drugs (Scotland) Act, 1956, will soon be issued by the Secretary of State.

A study of the Veterinary Inspector's report emphasises the heavy task placed on his staff in safeguarding the community from unsound food. During the year over 267,000 carcasses were inspected and of those 845 were totally and 3,878 partially condemned. In addition, 8,563 visits were paid to food shops, resulting in the seizure of a great variety of foodstuffs equal to more than 52 tons, while 6,036 consignments of imported foodstuffs were inspected with the condemnation of almost 25 tons of material. The importance of careful routine



examination is particularly well brought out in the interesting account given of two generalised instances of "measly beef" (*cysticercus bovis*). In one carcase no less than 6,972 cysts were identified. An account is also given of the care which is taken to make sure that imported Chinese egg albumen, dried egg and bulk whole egg are free from the possibility of conveying salmonella infection to the public. An additional duty placed on the veterinary staff followed the passing of the Diseases of Animals (Waste Foods) Order, 1957, which requires the inspection and supervision before licensing of the boiling plant used by all substantial collectors of waste food. This entailed 116 visits during the year.

Finally, mention should be made of the fact that all samples of milk taken for biological examination for the presence of the tubercle bacillus were negative. Results have been consistently negative for the past five years, and the Veterinary Inspector suggests that as all cows in the Edinburgh area are in attested herds, these examinations might even be dispensed with in future.

### Research

Reference has been made to the increasing demands for assistance from health visitors in various investigations and surveys, and the staff during the year co-operated in a considerable number of national and local projects. Active participation in research adds to the interest of day-to-day work, and so long as it does not interfere seriously with routine duties, is to be encouraged. In fact, search for new knowledge and the pioneering of new developments should be an essential part of the work of an active and progressive department. It is satisfactory, therefore, to record the considerable work of this kind undertaken during the year by members of the department.

The Triple Antigen investigation with a grant from the Advisory Committee on Medical Research in Scotland, and in which the City of Aberdeen is also participating, is now nearing completion and a joint report should be ready next year. This investigation has been in progress since 1954, and Dr. K. W. Matheson, Dr. J. M. McWilliam and Dr. M. S. B. Langton have all taken a prominent part. Surveys in mental health, health education and in other fields are in progress, while the results of some completed investigations have been published during the year. Thus Dr. W. M. Fee, an Assistant Medical Officer, and Mr. R. S. Dunbar, Chief Assistant Sanitary Inspector, carried out *An investigation into the domestic use of coke fires* based on the experience in Gracemount housing scheme, which was published in the "Health Bulletin"; while Mr. J. Norval, Veterinary Inspector and Dr. Coghlan of the Bacteriology Department, Edinburgh, and myself gave the results of a research into *Canicola Fever in man through contact with infected pigs* in the "British Medical Journal". Mr. Norval with Dr. J. G. Collee of the Bacteriology Department recorded in the "Scottish Medical Journal" *Observations on contamination of large steak pies with clostridium welchii* and he also, in collaboration with Dr. H. Wright of the Bacteriology Department and Mr. Alistair Orr, Senior Sanitary Inspector, reported the results of enquiries into *Salmonella thompson gastro-enteritis* in the "British Medical Journal". Dr. H. P. Tait prepared for the "Medical Officer" an article *Cholera in Edinburgh 1831-34* and with Miss McCammon, the Assistant Supervisor of Nurseries, recorded in the "Nursing Journal", Edinburgh experience in the *Social value of Day*

*Nurseries.* Dr. J. G. Thomson and Dr. W. N. Boog Watson gave the results of an investigation of school children *Social Differentials in the heights and weights of Edinburgh School Children* to the Nutrition Society. *Home Accidents are preventable* was contributed by myself to the Medical Press, and I had the privilege of reading the paper—*Some administrative aspects of the control of atmospheric pollution*, at an international conference on public health aspects of air pollution held in Milan in November.

### Acknowledgements

I wish to record my gratitude to the members of the Health and other Committees of the Town Council for their sympathetic interest in the work for the public health. I would also thank Heads of other Corporation Departments and the Press of Edinburgh for their discerning co-operation in the work of the department.

Finally, I am very glad to have this opportunity of paying a very sincere tribute to the members of the staff of the Public Health Department for their work during the year. The Head of a department is fortunate to have colleagues who not only help him with sound advice and guidance, but who give unstintingly and ungrudgingly such loyal and conscientious service.

I have the honour to be, my Lord Provost, Ladies and Gentlemen,

Your obedient servant,

H. E. SEILER, M.D., F.R.C.P.E., D.P.H.

Medical Officer of Health.

## CITY AND ROYAL BURGH OF EDINBURGH.

## Members of the Health Committee, 1957-58.

Councillor GRAEME H. MENZIES, *Chairman*.

Bailie JOHN CORMACK.

Bailie WILLIAM DRUMMOND.

Councillor Mrs CATHERINA T. NEALON.

Councillor JOHN KANE.

Councillor NORMAN SMITH.

Councillor MURDO R. M. MACKENZIE.

Councillor J. B. STEWART LAMB (deceased 17-3-58).

Councillor GEORGE HEDDERWICK.\*

Councillor J. G. MORE-NESBITT.†

Councillor Mrs. MARGARET SMITH.

Councillor Mrs RHODA E. PAUL.

Councillor LADY MORTON.

Councillor ALEXANDER BRYCE.

Councillor Mrs MARY TENNANT.

\* Convener of Medical Health Services Sub-Committee.

† Convener of General Health Services Sub-Committee.



## PUBLIC HEALTH DEPARTMENT.

## Health Services Staff, 1957.

<i>Medical Officer of Health</i>	...	...	...	...	Dr H. E. SEILER.
<i>Depute Medical Officer of Health</i>	...	...	...	...	Dr J. L. GILLORAN.
<i>Principal Medical Officer of Health</i>	...	...	...	...	Dr H. P. TAIT.
<i>Senior Medical Officer for Research and Health Education.</i>					Dr J. G. THOMSON.
<i>Senior Medical Officer for Tuberculosis and Infectious Diseases.</i>					Dr J. M. MAIR.
<i>Assistant Medical Officer for Tuberculosis and Infectious Diseases.</i>					Dr I. F. CRAIK.
<i>Senior Medical Officer for Mental Health Services</i>	...				Dr K. W. MATHESON.
<i>Assistant Medical Officer for Welfare Services</i>	...				Dr P. E. F. ROUTLEY.
<i>Senior Assistant Medical Officer for Child Welfare Service.</i>					Dr M. E. STURROCK.
<i>Assistant Medical Officers</i>	...	...	...	...	Dr G. I. FORBES. Dr R. Y. FORBES. Dr R. E. GRAHAM-YOULL. Dr W. N. HOOD. Dr M. S. B. LANGTON. Dr U. LAWRIE. Dr B. M. WILSON.
<i>Administrative Officer</i>	...	...	...	...	Mr W. A. B. VALENTINE.
<i>Supervisor of Health Visitors</i>	...	...	...	...	Miss G. S. H. PIKE.
<i>Supervisor of Midwives</i>	...	...	...	...	Miss C. A. MATHESON.
<i>Supervisor of Nurseries</i>	...	...	...	...	Miss H. M. W. SWANSTON.
<i>Supervisor of Home Helps</i>	...	...	...	...	Miss M. A. MCALPINE.
<i>Almoner</i>	...	...	...	...	Miss A. C. M. MACCALLUM.
<i>Psychiatric Social Worker</i>	...	...	...	...	Mrs A. LAMBIE.

## Sanitary Service.

<i>Chief Sanitary Inspector</i>	...	...	...	...	Mr JAMES ROBERTSON.
<i>Depute Chief Sanitary Inspector</i>	...	...	...	...	Mr W. J. OSBORNE.
<i>Chief Assistant Sanitary Inspector</i>	...	...	...	...	Mr R. DUNBAR.

## Veterinary Service.

<i>Veterinary Inspector</i>	...	...	...	...	Mr JOHN NORVAL.
<i>Assistant Veterinary Inspector</i>	...	...	...	...	Mr WALTER FORREST.

### School Health Service.

<i>Chief Executive School Medical Officer</i>	...	...	...	...	...	Dr W. N. BOOG WATSON.
<i>Senior Assistant Medical Officers</i>	...	...	...	...	...	Dr ELIZABETH H. NIMMO. Dr JESSIE R. WILSON.
<i>Assistant Medical Officers</i>	...	...	...	...	...	Dr ANNE ANDERSON. Dr MARGARET E. CHAPMAN. Dr CONSTANCE F. DRYSDALE. Dr WALTER M. FEE. Dr ROBERT P. JACK. Dr DOUGLAS MURRAY. Dr JEAN C. WILLISON.
<i>Chief Dental Officer</i>	...	...	...	...	...	Mr GEOFFREY MOODY.
<i>Assistant Dental Officers</i>	...	...	...	...	...	Mr J. ALLEN. Mr K. CLARK. Mr J. W. CRAIG. Mrs WANDA Z. GOLABEK. Miss S. S. GRANDISON. Dr DAVID HARDY. Mr ALEXANDER HARVEY. Mrs E. HORNE. Miss R. A. JACOB. Miss J. R. KILGOUR. Miss M. MILLER. Miss K. E. J. MUIR. Mr K. St. C. McPHAIL. Mr JOHN L. ROBERTSON. Mrs M. T. WEBSTER. Mr W. A. WISHART. Miss E. E. W. VICKERS.
<i>Physiotherapist</i>	...	...	...	...	...	Mrs CHRISTINA M. RUTLEDGE.
<i>Chiropodist</i>	...	...	...	...	...	Miss BRENDA GORDON.

## CITY OF EDINBURGH

## SUMMARY OF STATISTICS

For the Years 1953, 1954, 1955, 1956 and 1957.

	1953	1954	1955	1956	1957
Population at Mid-Year ...	470,847	469,297	467,889	466,889	465,671
Area of City—Acres ...	33,183	34,064	34,064	33,705	33,705
Density of Population— Persons per acre ...	14·2	13·8	13·7	13·9	13·8
Inhabited Houses ...	143,219	145,354	146,565	148,773	149,959
Marriages Registered ...	4,152	4,347	4,517	4,492	4,326
Birth-Rate ...	15·4	15·5	15·2	16·0	16·9
Death-Rate ...	12·3	12·9	12·9	13·0	12·9
Infant Mortality Rate (per 1,000 Live Births) ...	24	25	25	24	24
Neo-Natal Mortality Rate (per 1,000 Live Births) ...	16	19	18	18	17
Still-Birth Rate (per 1,000 Total Births) ...	22	21	24	23	19
Maternal Mortality Rate (per 1,000 Total Births) ...	0·7	0·1	0·3	0·5	0·2
Cancer Death-Rate ...	2·4	2·4	2·5	2·6	2·6
Pulmonary Tuberculosis Death-Rate ...	0·23	0·19	0·10	0·09	0·07
*Epidemic Diseases Death- Rate ...	0·10	0·06	0·04	0·08	0·14

\* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, Cerebro-spinal Fever and Influenza.



## VITAL STATISTICS.

**Population.**—The population of the City of Edinburgh as at 30th June 1957 has been estimated by the Registrar General as 465,671. This figure, which represents a decrease of 1,218 compared with the previous year, takes into account the natural increase of births over deaths and the movement of population into and out of the city.

The following table shows the age-group percentage distribution of the population for the four censal years—1901, 1921, 1931 and 1951, and for the year 1957 :—

**Age Distribution of Population**

Age Groups				1901	1921	1931	1951	1957
				Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.
Under 1 Year	...	...	...	2.1	1.9	1.5	1.5	1.6
1- 5 Years	...	...	...	7.8	5.8	5.9	6.9	6.1
5-15	„	...	...	20.8	17.7	15.2	13.3	14.8
15-25	„	...	...	21.4	18.8	18.4	13.5	12.9
25-45	„	...	...	28.6	29.3	29.1	28.9	26.4
45-65	„	...	...	14.9	20.3	22.2	24.5	26.0
65 and over	...	...	...	4.4	6.2	7.7	11.4	12.2
				100	100	100	100	100

**Ward Statistics.**—A table showing the principal statistics for the twenty-three municipal wards appears on page 35.

**Inhabited Houses.**—The number of inhabited houses in the city at Whitsunday 1957 was 149,959, which is an increase of 1,186 over the previous year. A table, supplied by the City Assessor, showing the numbers in each ward, is given on page 36.

**Births.**—During the year there were 10,020 live births registered in the city. From this total, 2,234, which took place in maternity hospitals and nursing homes to parents whose domicile was outwith the city, were deducted, and 68 births to Edinburgh citizens residing temporarily in other parts of Scotland were added. The corrected births thus numbered 7,854 (4,060 males and 3,794 females).

The birth-rate for the year was 16.9 per thousand of the population, the highest since 1948. The number of illegitimate births, 399, was 5.1 per cent. of the total births. There were 153 still-births registered, representing a still-birth rate of 19 per thousand total births (live and still).

**Deaths.**—The total number of deaths registered during the year was 6,005 (2,935 males and 3,070 females), equivalent to a death-rate of 12.9 per thousand

of the population. Of the total deaths, 4,008 (or 67 per cent.) were persons over sixty-five years of age. The principal causes of death for 1955, 1956 and 1957 are set out in the following table :—

### Principal Causes of Death and Rates per 100,000 of Population.

CAUSE OF DEATH	1955		1956		1957	
	No.	Rate	No.	Rate	No.	Rate
Heart Disease ... ..	2,133	456	2,147	460	2,062	443
Other Diseases of Circulatory System	209	45	244	52	194	42
Malignant Diseases ... ..	1,180	252	1,195	256	1,211	260
Diseases of Nervous System	1,040	222	1,008	216	1,005	216
Pneumonia (all forms) ...	204	44	195	42	222	48
Bronchitis ... ..	228	49	192	41	227	49
Tuberculosis (Respiratory)...	49	10	42	9	34	7
„ (other forms)	8	2	8	2	3	1

The usual table showing an analysis of the deaths from cancer in sex and age groups and site of the disease is given on page 37.

Deaths from the principal epidemic diseases numbered 66, of which 58 were due to influenza. Figures for the last five years are set out in the following table :—

### Deaths from Principal Epidemic Diseases.

	1953	1954	1955	1956	1957
Measles ... ..	...	1	...	3	1
Whooping-Cough ... ..	4	3	...	2	1
Diphtheria ... ..	1	...	...	...	...
Cerebro-spinal Fever ...	4	5	4	2	4
Influenza ... ..	36	18	13	31	58
Diarrhoea and Enteritis ...	4	7	8	2	2
(under 2 years)					
Total ...	49	34	25	40	66

The causes of death of children under five years of age are dealt with in greater detail in the report on the Maternity and Child Welfare Service on page 46.

**Marriages.**—The number of marriages registered—4,326—was 166 less than in the previous year. The rate of 9·3 per thousand of the population was for the ninth successive year lower than the average rate (9·9) for the five years before the war.

CITY OF

Deaths from Specified Causes  
and Death Rates per 1000

CAUSE OF DEATH	MALES											Total Males
	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75-	
1. Tuberculosis of Respiratory System ...	...	...	...	...	...	...	4	7	9	4	3	27
2. „ —Other Forms ...	...	1	...	...	...	...	...	1	...	...	...	2
3. Syphilis and its Sequelæ ...	...	...	...	...	...	...	1	2	5	4	2	14
4. Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...
6. Meningococcal Infections ...	4	...	...	...	...	...	...	...	...	...	...	4
7. Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...
8. Other Infectious and Parasitic Diseases	1	...	...	...	...	1	1	2	...	1	1	7
9. Malignant Neoplasms ...	...	2	3	1	4	5	19	85	182	195	158	652
10. Benign and Unspecified Neoplasms ...	1	...	...	1	...	...	...	...	...	...	1	5
11. Diabetes Mellitus ...	...	...	...	...	...	...	1	2	1	5	5	14
12. Anæmias ...	...	...	...	...	...	...	...	...	...	1	...	3
13. Vascular Lesions affecting Central Nervous System.	...	...	...	1	...	...	2	15	51	67	171	337
14. Other Diseases of Nervous System ...	...	2	...	...	...	1	1	4	...	16	6	24
15. Rheumatic Fever ...	...	...	...	1	...	1	...	...	2	...	...	4
16. Chronic Rheumatic Heart Disease ...	...	...	...	...	...	3	5	5	3	3	...	23
17. Arteriosclerotic and Degenerative Heart Disease.	...	...	...	...	...	3	17	91	196	252	328	887
18. Other Diseases of Heart ...	...	...	...	...	...	...	2	3	4	14	6	29
19. Other Circulatory Diseases ...	...	...	...	...	...	6	...	11	28	40	81	166
20. Influenza ...	...	...	...	...	...	1	1	1	11	7	7	28
21. Pneumonia ...	9	3	...	1	1	2	5	20	24	41	...	106
22. Bronchitis ...	2	...	...	...	...	...	1	9	54	64	28	158
23. Other Respiratory Diseases ...	1	...	...	...	...	...	2	3	9	6	3	24
24. Ulcer of Stomach and Duodenum ...	...	...	...	...	...	3	1	4	11	12	8	40
25. Appendicitis ...	...	...	...	...	...	...	...	...	...	2	3	5
26. Intestinal Obstruction and Hernia ...	1	...	...	...	...	...	...	1	3	2	8	15
27. Other Digestive Diseases ...	2	2	...	...	2	...	2	5	9	7	5	34
28. Nephritis and Nephrosis ...	...	...	...	...	1	...	2	1	1	4	4	13
29. Other Diseases of Genito-Urinary System	1	...	...	...	...	...	1	...	9	11	34	56
30. Puerperal Causes ...	...	...	...	...	...	...	...	...	...	...	...	...
31. Diseases of Skin and Organs of Loco- motion.	...	...	...	...	...	...	1	1	4	3	...	9
32. Congenital Malformations ...	15	1	...	...	1	...	...	...	...	...	...	17
33. Diseases of Early Infancy ...	73	...	...	...	...	...	...	...	...	...	...	73
34. Senility ...	...	...	...	...	...	...	...	...	...	...	5	5
35. Violence ...	8	4	2	3	14	4	11	19	19	23	34	141
36. All other causes ...	2	...	...	1	...	1	2	...	1	3	3	13
TOTALS ...	120	15	5	8	23	30	79	277	632	795	951	2,935



## EDINBURGH.

in Sex and Age Groups  
of the Population.

CAUSE OF DEATH	FEMALES											Total Fe- males	Total both Sexes	Rate per 1000 Pop.
	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75+			
1. Tuberculosis of Respiratory System.	...	...	...	...	...	1	2	1	1	...	2	7	34	0.07
2. „ —Other Forms ...	...	...	...	...	...	...	...	...	1	...	...	1	3	0.01
3. Syphilis and its Sequelæ	...	...	...	...	...	...	1	1	...	...	...	2	16	0.03
4. Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough ...	...	...	1	...	...	...	...	...	...	...	...	1	1	0.01
6. Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...	...	4	0.01
7. Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8. Other Infectious and Parasitic Diseases.	...	1	...	...	...	...	...	...	1	1	2	5	12	0.03
9. Malignant Neoplasms ...	1	1	2	4	4	5	32	78	116	162	154	559	1,211	2.60
10. Benign and Unspecified Neoplasms	...	...	...	1	...	...	1	2	1	1	3	9	14	0.03
11. Diabetes Mellitus ...	...	...	...	...	...	...	1	1	8	17	9	36	50	0.11
12. Anæmias ...	...	...	1	...	...	1	...	...	...	2	5	9	12	0.03
13. Vascular Lesions affecting Central Nervous System.	...	...	1	...	1	2	5	18	64	167	339	597	934	2.01
14. Other Diseases of Nervous System.	1	...	1	...	1	1	4	5	9	16	9	47	71	0.15
15. Rheumatic Fever ...	...	...	...	...	...	...	...	1	...	1	...	2	6	0.01
16. Chronic Rheumatic Heart Disease.	...	...	...	...	...	3	5	11	17	9	7	52	75	0.16
17. Arteriosclerotic and Degenerative Heart Disease.	...	...	...	...	...	1	5	16	94	230	481	827	1,714	3.68
18. Other Diseases of Heart	...	...	...	...	...	1	1	...	6	9	15	32	61	0.13
19. Other Circulatory Diseases.	...	...	...	...	...	...	2	5	14	58	161	240	406	0.87
20. Influenza ...	...	...	...	...	1	2	...	3	3	6	15	30	58	0.12
21. Pneumonia ...	4	...	...	1	...	...	4	6	9	17	75	116	222	0.48
22. Bronchitis ...	2	1	...	...	...	...	...	6	8	21	31	69	227	0.49
23. Other Respiratory Diseases.	...	...	1	...	...	...	...	1	1	1	6	10	34	0.47
24. Ulcer of Stomach and Duodenum.	...	...	...	...	...	...	...	1	2	2	9	14	54	0.12
25. Appendicitis ...	...	...	...	...	...	...	...	...	1	2	...	3	8	0.02
26. Intestinal Obstruction and Hernia.	...	...	...	...	...	...	...	1	3	6	12	22	37	0.08
27. Other Digestive Diseases	3	...	...	...	1	...	5	2	9	24	16	60	94	0.20
28. Nephritis and Nephrosis	...	1	1	...	1	1	2	1	3	3	7	20	33	0.07
29. Other Diseases of Genito-Urinary System.	...	...	...	...	...	1	...	4	3	5	8	21	77	0.17
30. Puerperal Causes ...	...	...	...	...	1	1	...	...	...	...	...	2	2	0.01
31. Diseases of Skin and Organs of Locomotion.	...	...	...	...	...	...	1	1	3	16	5	26	35	0.08
32. Congenital Malformations	20	1	...	...	1	3	2	1	...	1	...	29	46	0.10
33. Diseases of Early Infancy	36	...	...	...	...	...	...	...	...	...	...	36	109	0.23
34. Senility ...	...	...	...	...	...	...	...	...	...	...	21	21	26	0.06
35. Violence ...	2	4	2	2	1	2	10	14	23	7	70	137	278	0.60
36. All other causes ...	2	...	...	...	...	...	1	5	4	8	8	28	41	0.09
TOTALS ...	71	9	10	8	12	25	84	185	404	792	1470	3,070	6,005	12.9

## BIRTHS, DEATHS and MARRIAGES in EDINBURGH—1938-1957

Year	NUMBERS					RATES						
	Estimated Population	Live Births		† Still Births	Marriages	Deaths		Per 1000 of Estimated Population			Deaths under 1 year per 1000 Live Births	† Still Births per 1000 Total Births (Live & Still)
		Total	Illegitimate			All Ages	Under 1 Year	Live Births	Marriages	Deaths		
1938	469,448	7,549	467	4,512	5,974	462	16·1	9·6	12·7	6·2	61	...
1939	471,897	7,300	417	5,498	6,169	432	15·5	11·7	13·1	5·7	59	40
1940	427,439	6,930	411	5,909	6,802	468	15·5	13·2	15·9	5·9	68	40
1938-40	459,948	7,309	444	4,970	6,343	477	15·9	10·7	13·8	6·1	65	...
1941	429,179	6,934	504	4,882	6,545	461	15·0	10·6	15·3	7·3	66	37
1942	424,547	7,386	559	4,887	6,152	415	15·8	10·5	14·5	7·6	56	33
1943	415,318	7,005	637	3,987	6,338	407	16·2	8·5	15·3	8·4	54	37
1944	418,374	7,908	720	3,977	5,979	403	16·6	8·3	14·3	9·1	51	27
1945	426,280	7,362	723	5,523	6,147	365	15·4	11·6	14·4	9·8	50	28
1941-45	422,740	7,439	629	4,651	6,232	410	15·8	9·9	14·8	8·5	55	31
1946	459,430	9,350	658	4,878	6,485	490	19·5	10·2	14·1	7·0	52	32
* 1947	485,664	9,865	560	4,877	6,503	480	20·3	10·0	13·4	5·7	40	26
1948	488,331	8,420	515	4,606	5,955	284	17·2	9·4	12·2	6·1	34	29
1919	489,028	8,154	455	4,276	6,099	263	16·7	8·7	12·5	5·6	32	24
1950	488,883	7,674	407	4,271	6,161	225	15·7	8·7	12·6	5·8	29	24
1948-50	482,987	8,693	519	4,582	6,241	348	17·9	9·4	12·9	6·0	40	27
1951	467,435	7,353	402	4,222	6,474	196	15·7	9·0	13·9	5·5	27	27
1952	475,074	7,129	391	4,240	5,964	206	15·0	8·9	12·6	5·5	29	27
1953	470,847	7,241	379	4,152	5,782	177	15·4	8·8	12·3	5·2	24	22
1954	469,297	7,256	386	4,347	6,061	185	15·5	9·3	12·9	5·3	25	21
1955	467,889	7,128	358	4,517	6,040	170	15·2	9·7	12·9	5·0	25	24
1951-55	470,108	7,221	383	4,296	6,066	189	15·4	9·1	12·9	5·3	26	24
1956	466,889	7,467	360	4,402	6,071	170	16·0	9·6	13·0	4·8	24	23
1957	465,071	7,854	399	4,326	6,005	191	16·9	9·3	12·9	5·1	24	19

\* Birth and Marriage Rates are calculated as usual on the Total Population which includes an allowance for persons in the Armed Forces. Death Rates are based on all Edinburgh Deaths registered in Scotland (corrected for usual residence) and Total Population, and not, as in the years 1910-46, on Civilian Deaths and Civilian Population.

† Still Births became Registrable in 1939.





CITY OF EDINBURGH  
Inhabited Houses.

NUMBER OF INHABITED HOUSES

WARDS	1954-55	1955-56	1956-57	1957-58
1. St Giles ... ..	6,861	6,786	6,768	6,607
2. Holyrood ... ..	6,404	6,384	6,336	6,217
3. George Square ... ..	5,504	5,487	5,487	5,399
4. Newington ... ..	7,557	7,573	7,564	7,553
5. Liberton ... ..	7,398	7,656	7,961	8,042
6. Morningside ... ..	6,376	6,368	6,365	6,319
7. Merchiston ... ..	5,637	5,668	5,681	5,702
8. Colinton ... ..	5,463	5,930	6,768	6,996
9. Sighthill ... ..	6,675	6,683	6,710	6,773
10. Gorgie-Dalry ... ..	7,403	7,431	7,373	7,382
11. Corstorphine ... ..	5,851	6,067	6,243	6,533
12. Murrayfield- Cramond ... ..	4,858	5,352	5,954	6,207
13. Pilton ... ..	6,172	6,136	6,154	6,302
14. St Bernard's ... ..	7,850	8,050	8,298	8,308
15. St Andrew's ... ..	6,021	5,945	5,899	5,851
16. Broughton ... ..	6,200	6,182	6,173	6,186
17. Calton ... ..	6,351	6,163	6,198	6,212
18. West Leith ... ..	5,879	5,819	5,763	5,699
19. Central Leith ... ..	6,813	6,702	6,632	6,726
20. South Leith ... ..	6,807	6,830	6,884	6,925
21. Craigminty ... ..	6,665	6,674	6,791	6,807
22. Portobello ... ..	6,564	6,554	6,575	6,814
23. Craigmillar ... ..	4,045	4,125	4,196	4,399
	145,354	146,565	148,773	149,959

Year	Increase
1946-47 ... ..	435
1947-48 ... ..	1,358
1948-49 ... ..	2,808
1949-50 ... ..	2,924
1950-51 ... ..	1,481
1951-52 ... ..	350

Year	Increase
1952-53 ... ..	928
1953-54 ... ..	1,076
1954-55 ... ..	2,135
1955-56 ... ..	1,211
1956-57 ... ..	2,208
1957-58 ... ..	1,186

## Analysis of Deaths from Cancer, 1957.

Site	Sex and Age-groups																Totals		
	Under 15		15-25		25-35		35-45		45-55		55-65		65-75		75 and upwards		M	F	Both sexes
	M	F	M	F	M	F	M	F	M	F	M	F	M	F					
Brain	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	5	14
Jaw, Face and Ear	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	6	11
Tongue and Mouth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	4	17
Larynx, Pharynx and Neck	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18	8	26
Bronchus and Lungs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	227	42	269
Other Thoracic Site	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	104
Stomach and Oesophagus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	184
Liver and Gall Bladder	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	101	83	184
Intestines and Rectum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	12	25
Pancreas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	87	96	183
Genital Organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23	21	44
Abdomen and Pelvis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	78	81
Kidney	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	10	18
Prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	10	26
Bladder	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	36	13	36
Bones	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24	13	37
Ductless Glands	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	4	8
Other Sites	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	62	57	119
Totals { Male	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	652	—	1,211
Female	—	8	—	4	—	5	—	—	—	—	—	—	—	—	—	—	—	559	—

# CHILD HEALTH

## MATERNITY AND CHILD WELFARE.

REPORT BY THE PRINCIPAL MEDICAL OFFICER.

### INTRODUCTION.

#### Historical Note.

Fifty years ago, on 28th August, 1907, the adoptive Notification of Births Act was passed, and on 8th October the Magistrates and Council remitted to the Public Health Committee to consider the Act and report whether it was expedient for them to pass a resolution adopting the Act in the city. The Public Health Committee gave detailed consideration to the terms of the Act at a meeting held on 22nd October, and resolved to recommend the Magistrates and Council to pass a resolution adopting the Act. This was duly done on 29th October, by a unanimous decision, and the Act was brought into force on 1st January, 1908, after the Local Government Board for Scotland had given its agreement to the terms of the Council's resolution.

Following on the passing of the Notification of Births (Extension) Act on 29th July, 1915, the Local Government Board addressed a letter (18th August) to local authorities drawing attention to the provisions of the Act and inviting authorities to submit schemes of arrangements in terms of that Act. The Board stated that Government grants were to be made not exceeding one half of the expenditure involved under any scheme of arrangements sanctioned by the Board. On 14th March, 1916, the Board addressed a further communication to authorities explaining the general principles on which schemes for maternity and child welfare were to be based. The Public Health Committee, in the light of these communications from the Board, instructed the Medical Officer of Health, Dr A. Maxwell Williamson, to draw up and submit a scheme in accordance with the Board's requirements. The report on a proposed maternity and child welfare scheme prepared by Dr Williamson, and dated 7th July, 1916, was described by the late Sir Leslie Mackenzie, as one of the most complete reports of its kind. The estimated cost of the scheme was £6,125, but this was subsequently modified to £4,500. The Magistrates and Council agreed to the recommendations of the Public Health Committee and the report of the Medical Officer of Health at a meeting on 27th February, 1917. The Local Government Board gave its sanction to the arrangements proposed by Edinburgh Corporation for attending to the health of expectant and nursing mothers and of children under five years of age, on 26th October, 1917. Meantime, as an interim measure, the Magistrates and Council, on 11th April, 1917, had decided to make the appointments of one nurse superintendent and ten nurses, with clerical assistants, to initiate the working of the scheme. The eleven nurses (health visitors) were duly appointed,



and commenced duties in July, 1917, Miss E. G. Greenall acting as the nurse superintendent and as assistant supervisor of midwives to the Medical Officer of Health, who was appointed supervisor of midwives.

Thus, forty years ago, and ten years after the Corporation decided to operate the Notification of Births Act, 1907, in the city, a service of whole time maternity and child welfare health visitors was in being, and a complete scheme of maternity and child welfare just in the process of being launched.

The year 1917 also saw the launching of a monthly journal devoted to maternity and child welfare problems. This journal called *Maternity and Child Welfare* has since been incorporated in *Mother and Child*, which has a wide circulation among present day workers in the field of maternal and child health.

### Developments During the Year.

Building operations began in May to the extension at the midwives' home at Southhouse Farmhouse. This extension will permit of additional accommodation for a midwife and pupil and for a district nurse. At the same time, the ground floor of the extension has been planned to accommodate the child welfare clinic which at present is being held at Southhouse Church Hall. Thus, when the extension is completed, the farmhouse will become the focal point of that area for the domiciliary midwifery and nursing services, for child welfare clinic purposes and for the distribution of welfare foods. There was no other noteworthy development in respect of the domiciliary midwifery service.

The Corporation's ante-natal clinic at Niddrie is the only remaining clinic of its kind in the city. It provides ante-natal care for some of the women living in that area, and is staffed by an obstetrician and midwife sister from the Elsie Inglis Maternity Hospital and by the local health visitors.

The mothercraft clubs mentioned in previous reports continued their activities, and mothercraft teaching at the Salvation Army Home for unmarried mothers at "Tor" was undertaken by the health visitor of that area.

No new child welfare clinics were opened during the year. The morning sessions, held on Thursdays, at the centre at South Fort Street, Leith, were discontinued in February owing to diminishing attendances at that particular session. A poliomyelitis vaccination clinic was opened at 221 High Street in March, and operated for the rest of the year there, being open daily for such vaccinations, save on Fridays when vaccinations were carried out at Sighthill Health Centre. An assistant medical officer from the child welfare service was seconded part-time to this clinic from August.

Arrangements are now complete with regard to co-operation between children's hospitals and units in the city and the child welfare service. In May a health visitor commenced regular visits to the Western General Hospital and in July to the Children's Wing, Leith Hospital. These co-operative efforts are, by general consent, of mutual benefit to the hospitals and the child welfare service. The case conferences, attended by the district health visitors, held regularly at the University General Practice Unit dispensaries at Richmond Street and Cowgate continued to prove their worth, both by affording opportunities for exchange of information and discussion on cases, and by giving undergraduates

some idea of the work of the health visitor and how she can help him when he goes into general practice. There is increasing association between the general practitioner and the health visitor.

Distribution of welfare foods was carried on as in previous years. Thirty-seven centres are now in operation. Two, at New Restalrig Church Hall and at Duddingston School, were closed in May and August respectively, and a new centre to cover the needs of the two areas was opened at Willowbrae House (August). Changes in national policy concerning the groups of beneficiaries under the welfare foods scheme, and in the vitamin content of certain of the foods are referred to later.

For the seventh successive year an infant feeding centre was open at Portobello during July, but the inclement weather and the bus strike prevented large attendances.

Reference has been made in previous reports to combining child welfare and school health duties in one health visitor. This was extended in only one instance this year, viz., London Street School, but plans are in preparation for an extension of this combined duty in 1958.

During the year the health visitors who had received tuition in methods of the ascertainment of deafness in the infant and young child from Professor and Mrs Ewing in July, 1956, undertook the instruction of their colleagues and now most of the members of the child welfare health visitor staff have some knowledge of the procedure.

The Corporation's training school for health visitors presented twenty-seven students for the examination for the Health Visitor's Certificate of the Royal Sanitary Association of Scotland in April, and twenty-six were successful. The three Scottish training schools each undertook to give a nine months' course, commencing in 1957-58, and in October the full complement of thirty students began their course of instruction here, the first such extended course to be given by the Edinburgh training school.

In view of the provisions of the Clean Air Act, 1956, and the Corporation's duties in regard to smoke abatement, the heating arrangements in the child welfare clinics and day and residential nurseries were surveyed. Fifty-four fireplaces in these premises burned raw coal in open fires. The Health Committee approved of the expenditure required to replace these open fires, and gas or electric fires or stoves were fitted during the year to the ten clinics, five day nurseries and three residential nurseries involved.

Dr Margaret S. B. Langton carried out an investigation into leukaemia in children under five years of age. This was part of a national survey undertaken at the instigation of the Medical Research Council and under the direction of Dr Alice Stewart of Oxford. Dr Langton is also completing the survey on triple antigen inoculation which was begun in November, 1954.

Miss M. L. McCammon, assistant supervisor of nurseries, and the principal medical officer carried out a survey of the reasons for children attending the Corporation's day nurseries and the results of this survey were incorporated in a short paper, *The Social Value of Day Nurseries*, published in the *Nursery Journal* (1957, XLVII, 7-8, October). The principal medical officer also

contributed a historical study on local health administration in Edinburgh during the cholera outbreak of 1832-33 (Medical Officer, 1957, XCVIII, 235-37, October).

*As in former years the Tables are grouped together at the end of the text for easier reference.*

## (I) MATERNAL HEALTH AND WELFARE.

### (a) Domiciliary Midwifery Service (Table 1).

The domiciliary midwifery service continued to operate unchanged and in a satisfactory manner during the year. At 31st December, 15 full-time midwives, including the non-medical supervisor, were directly employed by the Corporation, agency arrangements with the Queen's Institute of District Nursing and the Simpson Memorial Maternity Hospital continuing as in past years. A small number of confinements were also attended by the staff of the Elsie Inglis Maternity Hospital.

During the year 1,383 domiciliary births took place in the city, and of these 1,359 were attended by midwives provided under the local health authority service. The distribution of these births was as follows :—

928 births were attended by midwives directly employed by the Corporation.

234 births were attended by midwives from the Simpson Memorial Maternity Hospital.

139 births were attended by midwives from the Queen's Institute of District Nursing.

58 births were attended by midwives from the Elsie Inglis Maternity Hospital.

Of the remaining 24 domiciliary births, 13 were attended by private maternity nurses, 5 by a medical practitioner only, and the remaining 6 had neither doctor nor midwife in attendance.

Analgesics were administered in 1,217 of the 1,359 domiciliary confinements attended under local authority arrangements, and the number of analgesics given was 1,925. Of these analgesics, 1,607 were administered by midwives, and 318 by medical practitioners. The forms of analgesia used were: pethidene 571; gas and air 234; chloroform 214; trilene 902; others 4. In 30 cases any form of analgesia was refused by the women in labour, and in 112 cases an analgesic was not administered for other reasons, *e.g.* baby born before arrival of doctor or midwife.

There is a steady increase each year in the number of domiciliary cases in which trilene is used as the analgesic of choice, with corresponding decreases in the number in which gas and air and pethidene is used. It is interesting, too, to notice that chloroform still remains a popular drug with general practitioners for obstetric purposes.

The midwifery service is a very personal health service, whether that service be administered by hospital, local health authority, or local executive council. At the present time the service is a tripartite one, but depends too much on the degree of co-operation that can be achieved between individual members within



the service. As this co-operative spirit varies from area to area so does the efficiency and quality of the service that is provided. In the report of the Guillebaud Committee (1956) it was recommended that, *inter alia*, "the organisation of the maternity services under the National Health Service be reviewed at an early date." Accordingly, in 1956, a Committee was set up by the Scottish Health Services Council to review the maternity services in Scotland and this Committee held its first meeting on 29th January this year. It is expected that a report will be issued in 1958.

We are fortunate in the city here in having a considerable measure of this co-operative spirit which naturally reflects on the efficiency both of the hospital and domiciliary midwifery services, this last comprehending both the general practitioner and domiciliary midwife. The need for a co-ordinated and planned scheme of ante-natal, intra-natal and post-natal care is again emphasised in the *Report on Confidential Enquiries into Maternal Deaths in England and Wales, 1952-54* (1957). Although this report applies to south of the Border its recommendations deserve the serious consideration of those of us in the north.

A matter of considerable importance to maternal health is the need for dental care. This should be a *sine qua non* for every expectant mother and we would draw attention to the facilities which exist at the school dental service clinics at which appointments can be made for the dental examination of expectant and nursing mothers under the Corporation's scheme for the priority dental care for this group of the population. It is not enough for the doctor or midwife to examine the teeth and pass an opinion on the need or otherwise for dental care. This is a matter entirely for the dentist.

#### (b) Ante-Natal Clinics (Table 2).

Some 204 pregnant women attended the sole ante-natal clinic provided by the Corporation, at Niddrie. Most of the women attending this clinic were booked for their confinements in the Elsie Inglis Maternity Hospital. Probably in view of the publicity given during the year to the mass x-ray campaign in the city in early 1958, the response by the women attending this clinic at the Mass Radiography Unit at Warriston Close was much better than in previous years.

#### (c) Post-Natal Clinics (Table 2).

No special post-natal clinics are provided by the Corporation but post-natal care is given at the Niddrie clinic. During the year only 47 women received such care, compared with 53 last year, 57 in 1955 and 75 in 1954.

#### (d) Puerperal Fever and Puerperal Pyrexia (Tables 3-5).

Puerperal pyrexia notifications numbered 10, and of these 3 were subsequently proved to be cases of puerperal fever. One case of puerperal fever was notified, and the diagnosis was confirmed. There were thus 7 cases of puerperal pyrexia and 4 of puerperal fever. No deaths occurred among any of the cases.

(e) **Maternal Deaths** (Tables 6-8).

Two maternal deaths occurred during the year, giving a maternal mortality rate of 0·2 per 1,000 total births. The first case concerned a young primigravida, aged 23 years, who died undelivered at the sixth month of pregnancy from a deep venous thrombosis and pulmonary embolism, there being an underlying mitral stenosis of considerable duration. Ante-natal care had been continuous since the third month of pregnancy at the hospital in which the patient died. The second death occurred in a young unmarried woman, aged 16 years, in the thirty-fifth week of pregnancy from anuria, pre-eclamptic toxæmia and post-partum hæmorrhage. She received adequate ante-natal care from the fourth month of pregnancy and was admitted to hospital at 32 weeks on account of signs of pre-eclamptic toxæmia. Premature induction of labour was effected at 35 weeks but the patient succumbed seventeen hours after delivery of a live-born infant.

Improvement in the maternal mortality rate over the past twenty-five years is striking, and this has been commented upon in the report on maternal deaths in England and Wales, previously mentioned, and in the report of the Department of Health for Scotland (1957) from which the following table is taken, the rates being expressed per 1,000 births.

Year	Total		Other	
	Maternal	Puerperal	Puerperal	
	Mortality	Sepsis	Causcs	
	Rate			
1931-35 ... ..	6·13	2·89	3·25	
1941 ... ..	4·26	1·11	3·15	
1951 ... ..	1·1	0·3	0·8	
1957 ... ..	0·5	0·2	0·3	

(II) **CHILD HEALTH AND WELFARE.**

The effects of social change on child health were discussed by Professor R. W. B. Ellis in a Kenneth D. Blackfan Memorial Lecture delivered in the United States in April and subsequently published (*Pediatrics*, 1957, 20, 1041-1053). This is a thoughtful and penetrating analysis, covering as it does progress in Western civilisations and the altering status of the child in rapidly developing countries such as West Africa and countries in the Far East. Ellis and his colleagues also contributed an interesting series of articles on the Child in Modern Society in *The Scotsman* (October 28, 29, 30, 31, November 1, 2). We were recently afforded the opportunity of reading a paper given in 1934 by Professor Charles McNeil, Professor Ellis' predecessor at Edinburgh. This paper was given at a conference of Health Insurance Societies and was entitled *Health Insurance in Childhood*. It is remarkable for its clear-sighted appraisal of the problems of childhood twenty-five years ago, but no less remarkable are the prophetic utterances of Professor McNeil in that so many of the views and suggestions he then put forward are now accepted practice.

## (a) Registered Live Births (Tables 9, 10).

There were 7,854 registered live births during the year after the usual corrections had been made. Of these births, 4,060 were males and 3,794 females. The birth rate for the city was 16.9 compared with 16.0 last year and 15.2 in 1955. The rate for Scotland this year was 19.0.

## (b) Illegitimate Births (Table 9).

Illegitimate births registered were 399, giving an illegitimate birth rate of 5.1 per cent., compared with 4.8 per cent. last year and 5.0 per cent. in 1955. Notified illegitimate births numbered 522. The following table shows the monthly notified illegitimate births during the year.

Month	Males	Females	Over 5½ lb. at birth	5½ lb. or under	Live- born	Still- born	Domicile of Mother		Total
							Local	Out of Town	
January ...	22	19	35	6	40	1	33	8	41
February ...	22	14	33	3	35	1	26	10	36
March ...	19	19	34	4	34	4	29	9	38
April ...	31	26	54	3	57	—	37	20	57
May ...	22	27	45	4	48	1	37	12	49
June ...	22	27	45	4	49	—	41	8	49
July ...	33	21	47	7	53	1	40	14	54
August ...	21	17	34	4	36	2	26	12	38
September ...	26	16	36	6	41	1	29	13	42
October ...	19	21	32	8	37	3	33	7	40
November ...	21	17	35	3	37	1	30	8	38
December ...	20	20	33	7	38	2	31	9	40
Totals ...	278	244	463	59	505	17	392	130	522

Of these infants, 96 were born to mothers living in mother and baby homes in the city, most of these mothers having their domicile out of Edinburgh. There were 506 single births and 8 twin births.

## (c) Registered Stillbirths (Tables 11, 12).

Stillbirths registered during the year, after corrections, numbered 153, giving a rate of 19 per 1,000 total births. This is a new low record for the still-birth rate for the city. Of these stillbirths, 82 were male infants and 71 female. Table 12 shows the causes of the stillbirths.

## (d) Notified Live and Stillbirths (Table 1).

The number of notified births, live and stillborn, was 10,239, of whom 10,003 were live born and 236 stillborn. Of this total 8,856 or 86 per cent. occurred in institutions, and 1,383, or 14 per cent. were domiciliary births. Of the 236 notified stillbirths, 223 occurred in institutions and 13 were domiciliary.

## (e) Premature Births.

Of the 10,239 notified births, 882 or 8.6 per cent. were described on the notification of birth card as being 5½ lb. or under. An analysis of these premature births, from the available information, seemed of some moment, and the



following table shows the number notified, sex, whether live or stillborn, legitimacy and place of birth.

Number Notified	Male	Female	Live-born	Still-born	Legitimate	Illegitimate	Place of Birth		
							Domicile	Mat. Home	Hospital
882	416	466	749	133	827	55	98	7	777

These figures included 68 pairs of twins where both infants were  $5\frac{1}{2}$  lb. or under and 37 instances where one of the twins was premature. The next table shows the birth weights of the infants, the number surviving, the number dying within 28 days of birth and the number stillborn

Birth Weight	Total	Surviving	Died	Stillborn
Under 2 lb. ... ..	36	—	22	14
2 lb. and under $2\frac{1}{2}$ lb. ...	26	2	12	12
$2\frac{1}{2}$ lb. and under 3 lb. ...	50	8	17	25
3 lb. and under $3\frac{1}{2}$ lb. ...	67	19	30	18
$3\frac{1}{2}$ lb. and under 4 lb. ...	66	34	17	15
4 lb. and under $4\frac{1}{2}$ lb. ...	113	82	15	16
$4\frac{1}{2}$ lb. and under 5 lb. ...	174	142	12	20
5 lb. to $5\frac{1}{2}$ lb. inclusive ...	348	318	17	13
Weight not known ... ..	2	—	2	—
Totals ... ..	882	605	144	133

In the 98 domiciliary births, the medical practitioners were present with midwives at 79 of them, midwives only being in attendance in 18 instances and in one case the infant was born before the arrival of either doctor or midwife. The birth weights and survivals (over 28 days) among the domiciliary cases were as follows.

Birth Weight	Total	Surviving	Died	Stillborn
Under 2 lb. ... ..	1	—	—	1
2 lb. and under $2\frac{1}{2}$ lb. ...	1	—	1	—
$2\frac{1}{2}$ lb. and under 3 lb. ...	3	—	—	3
3 lb. and under $3\frac{1}{2}$ lb. ...	3	3	—	—
$3\frac{1}{2}$ lb. and under 4 lb. ...	2	1	—	1
4 lb. and under $4\frac{1}{2}$ lb. ...	10	8	2	—
$4\frac{1}{2}$ lb. and under 5 lb. ...	13	13	—	—
5 lb.- $5\frac{1}{2}$ lb. inclusive ...	64	63	1	—
Weight not known ... ..	1	—	1	—
Totals ... ..	98	88	5	5

Dr Cecil M. Drillicen, continuing her important studies on prematurity, published Part I of a paper on the Social and Economic Factors affecting the Incidence of Premature Birth in *The Journal of Obstetrics and Gynaecology* (1957, LXIV, 161-184, April).

### (f) Infant and Pre-School Child Deaths.

(1) **Infant Deaths.**—The infant mortality rate for the city for the year was 24 per 1,000 registered live births the same rate as last year. There were 191 deaths in infants under a year, and of these 120 were males and 71 females. Of these deaths under one year of age, 137 occurred during the first four weeks (28 days) of life, giving a neonatal mortality rate of 17, one less than last year. There were 86 neonatal male deaths and 51 female deaths. Deaths from 1-12 months numbered 54, of which 34 were in males and 20 in females. The postnatal mortality rate was therefore 7 per 1,000 live births. There were 64 deaths during the first day of life, accounting for 34 per cent. of the total under one year; 112 or 59 per cent. under one week; the entire neonatal deaths numbering 137 accounting for 72 per cent. of the deaths during the first year. Table 18 shows the causes of death during the first year as well as those of children aged 1-5 years.

Of the deaths under one year, immaturity occupies first place among the certified causes, 40 deaths being so certified, 36 of them taking place during the first week. Congenital anomalies and postnatal asphyxia/atelectasis share second place, each accounting for 34 deaths, 33 of the deaths from asphyxia occurring during the first week. Pneumonia/bronchitis took third place with 25 deaths. These four causes of death accounted for 133 of the 137 infants dying under one year of age.

Eight deaths occurred among infants under one year due to suffocation and overlaying. This is 6 less than last year. The suffocative cases, 6 in number, were ascribed to inhalation of vomited matter, and 2 to overlaying. One death occurred, the first to be recorded in the city, from hypercalcaemia, the victim being a male infant aged 9 months with no history of excessive intake of vitamin D. Another unusual infant death was that of a female aged 2 months from primary hepatic tumour.

(2) **Deaths in Age Group 1-5 years.**—There were 24 deaths among children in this age group. Accidental deaths accounted for 7 of these deaths, thus emphasising again the general finding that accidents constitute the most important single cause of death in this group. The causes of these accidents are as follows :—

#### Home Accidents (2)

- |                         |                                |
|-------------------------|--------------------------------|
| 1. Male, aet. 1 year    | Fall from chair.               |
| 2. Female, aet. 3 years | Inhaled foreign body (carrot). |

#### Accidents out of doors (5)

- |                         |                           |
|-------------------------|---------------------------|
| 1. Female, aet. 1 year  | Run-over street accident. |
| 2. Female, aet. 1 year  | Run-over street accident. |
| 3. Female, aet. 2 years | Run-over street accident. |
| 4. Male, aet. 3 years   | Drowning.                 |
| 5. Male, aet. 3 years   | Drowning.                 |

Of the 6 deaths from "All Other Causes," 3 were due to malignant disease (2 from leukaemia, 1 from medulloblastoma), 1 to acute suppurative nephritis, 1 to "epileptic seizure," and 1 to cerebral paraplegia with intercurrent infection.

**(g) Ophthalmia Neonatorum (Table 20).**

Eight cases of this notifiable disease came to the notice of the department during the year, and in two cases the gonococcus was the causal organism. Fortunately all responded well to treatment and no interference with vision was reported in any of the notified cases. Five cases occurred in domiciliary practice and 3 were notified from hospitals. Treatment was carried out at home in 4 cases, and 4 were treated in hospital.

**(h) Health Supervision (Table 21).**

Twenty-nine child welfare clinics were in operation at the end of the year. In all, 2,864 sessions were held at these clinics, and 7,379 infants under one year and 2,772 children aged 1-5 years attended, making altogether a total of 10,151 children under 5 years. Attendances made by infants under one year numbered 52,944, and by pre-school children 15,755, a grand total of attendances of 68,699, an increase of 1,895 over last year's total. It has already been pointed out in previous reports that infant welfare clinics are held under Regional Hospital Board auspices, at the Simpson Memorial Maternity Hospital and the Eastern and Western General Hospitals. Further, the increasing interest of general practitioners in problems of infant welfare is manifest by the setting up by many practitioners of infant welfare sessions held at their surgeries. This is a wholly admirable development and one which it is hoped will be extended.

In previous reports reference has been made to the critical studies of height and weight in infants and young children made by Dr John Thomson at the Simpson Maternity Hospital. He has kindly put his findings at our disposal and in consultation with him a new graph, based on his figures, of heights and weights of infants up to one year has been evolved and will be used in the Corporation child welfare clinics and day and residential nurseries when supplies of the new record cards come to hand in early 1958.

**(i) Ultra-Violet Ray Clinics (Table 22).**

During the year, 623 sessions were held at those clinics, and 6,805 attendances were made by 539 children. Twenty more sessions were held compared with last year and the number of children treated increased by 165, and the attendances by 1,874. General practitioners make good use of these clinics. It should be emphasised, however, that the clinics are not open all the year round. They operate from October to April, and are closed from May to September, when the lamps are inspected, thoroughly overhauled and then tested.

**(j) Orthopaedic Clinic.**

This clinic, run under the auspices of the school health service, is a valuable adjunct to the child welfare service in that the Chief Executive School Medical Officer grants facilities for pre-school children to be referred to the clinic by



child welfare medical officers. Advantage is taken of this opportunity and we greatly appreciate these facilities and the regular reports sent to us by the orthopædic surgeon.

### (k) Vaccinations and Immunisations.

The number of infants successfully vaccinated against smallpox during the year by medical officers of the child welfare service was 2,614. Further, 2,355 diphtheria and combined diphtheria-whooping cough inoculations were also carried out, but consequent upon the recommendations made regarding separate inoculations being given against whooping cough and against diphtheria as contained in D.H.S. Circular 51/1957, a change-over to plain suspended whooping cough vaccine and to formol toxoid was made. For the remainder of the year, therefore, infants were protected against whooping cough first, followed by protection against diphtheria, the number so given separate antigens being 457. It should be mentioned, however, that those children who had already commenced a course of combined antigen at the time of the change-over had their course completed using the combined prophylactic.

### (l) Day Nurseries (Table 23).

There is little of moment to report concerning the administration of the day nursery service. During the epidemics of influenza in the autumn and winter months, the staff was sharply hit and the nurseries were carried on under difficulties. Fortunately it was not necessary to close any during the outbreaks, in which the children were but slightly affected.

The number of day nurseries remained at 14 with 660 places, and the categories of case admitted were the same as in previous years, their selection being governed by the priorities decided upon by the Health Committee in April, 1949, and reviewed by them from time to time. In June, the assistant supervisor of nurseries carried out a survey of the reasons for the children attending the nurseries and these were later incorporated in a paper published jointly with the principal medical officer in the *Nursery Journal*. The general distribution of cases under the different priorities is shown in Table I.

TABLE I.

Total Number of Children on Roll— June, 1957	Number in First Priority Group	Number in Second Priority Group	Financial Stress (Temporary Care Only)
705	602 (85%)	84 (12%)	19 (3%)

The rising cost of living has brought a sharp increase in the number of applications from mothers who are in financial difficulties and who wish to work to supplement the family income. Such cases carry no priority for admission to the nurseries but the Health Committee agreed that the children of such families might be given a very limited period of care when vacancies occurred in nurseries and these were not immediately filled by children in the priority groups. It is this very small group of cases which account for the 3 per cent. shown in the table.

Tables II and III give more detailed analyses of the first and second priorities, cases in the first priority, it will be noticed from Table I, numbering no less than 85 per cent. of the total children on the roll.

TABLE II.  
Analysis of First Priority Cases.

Total	Separated or Divorced Parents	Maternal Ill-health	Illegiti- mate Children	Poor Health in Children	Bad Housing Conditions	Widows' Children	Widowers' Children
602	194	163	105	53	44	37	6

TABLE III.  
Analysis of Second Priority Cases.

Total	Paternal Ill-health	Father in Prison	Father unable to earn economic wage
84	74	8	2

Of the separated or divorced group (Table II), 165 were children whose parents were separated and 29 whose parents were divorced. Including illegitimate children, the number of children in the nurseries maintained by only one parent was 342 or 48 per cent. of all the children attending.

The recent report of the Scottish Nursery Nurses Examination Board contains much interesting and useful information. From the inception of the Board in 1946 to May this year, 1,977 candidates sat the Board's examination and 1,609 were successful. The examination consists of two parts, a theoretical and a practical part, and the Board endorses the certificate of any candidate who obtains 75 per cent. in *both* written and practical examinations as a "Pass with Distinction." The Board also endeavoured to ascertain what their examinees did after obtaining the Nursery Nurses Certificate. In the year following the passing of the examination, the following was the work undertaken by the 1,609 successful candidates.

Nurseries	...	...	695
Nursery Schools	...	...	395
General Nursing	...	...	218
Private Service	...	...	174
Other Employment	...	...	127

While this follow-up only covered the year following qualification as a nursery nurse it does show an interesting trend in that 1,264 of the girls continued nursery nursing and 218 entered hospital for their general nursing training.

### (m) Residential Nurseries (Table 24).

Admissions to the three residential nurseries showed a substantial increase over last year's figure. This year there were 748 admissions compared with 668 last year. This increase was largely due to the infrequent and relatively short periods of quarantine imposed.

### (n) Nursery Nurses Hostel.

The hostel continues to fulfil its function as a home from home for young nursery nurse trainees whose homes are a considerable distance from the city. Most of the trainees are young girls of sixteen and seventeen years of age. At the annual party to celebrate each anniversary of the opening of the hostel in June, 1947, many of the former residents return to renew old friendships.

### (o) Registration of Nurseries and Child Minders (Table 25).

One registered nursery was discontinued during the year and the certificate of registration returned to the department, leaving three nurseries registered as at 31st December. Fifty-four children were in attendance at the three nurseries. Three new applications for registration as child minders were received and these applications were all upheld. As there were no cancellations of registration of any of the existing child minders, the number of registered child minders at 31st December was 8. The number of children cared for by these 8 minders was 124, although at the end of the year only 106 children were being cared for, two of the minders being compelled to suspend daily admission of children by reason of their own illness.

### (p) Toddlers' Playgrounds (Table 26).

The Voluntary Health Workers Association provides 21 toddlers' playgrounds for children aged 3-5 years, though younger children may be admitted exceptionally. The children attending the playgrounds are under the general medical supervision of the assistant medical officers of the child welfare service. In addition, a full health examination of each child attending the playgrounds is carried out annually. These annual examinations reveal a steady improvement in the physical condition of the children, the one disquieting feature being the high incidence of poor teeth, as many as 30 per cent. of the children being obviously in need of dental care. Much education on dental hygiene is carried on among the mothers of these children by health visitors and playground superintendents, and although there is increasing evidence of a greater recognition of the need for dental care of children, too many mothers are reluctant to take their children to the dentist.

The playgrounds suffered in consequence of the autumn epidemic of influenza, the superintendents being more severely stricken than the children. As a consequence, several of the playgrounds had to be closed for varying periods.

The work among these children is a most rewarding experience and those interested in such work should apply for information to Dr M. Brotherston, M.B.E., 9a Abbotsford Crescent, Edinburgh, 10 (Tel. Edinburgh 54912), the



Organising Secretary of the Voluntary Health Workers' Association, or to the Principal Medical Officer, Child Welfare Service, Public Health Chambers, Johnston Terrace, Edinburgh, 1 (Tel. CALedonian 4471).

(g) **Welfare Foods Distribution** (Table 27).

At the beginning of the year there were 38 distribution centres in operation. In April, the centre at New Restalrig Church Hall was vacated as the hall was required by the church authorities for other purposes, and in August the centre at Duddingston School was closed on account of the low uptake of foods there. A new centre at Willowbrae House was opened in August, and this centre now serves the area previously served by the centres at New Restalrig Church Hall and Duddingston School. The location of all the other centres, as described in last year's report, remained unchanged. Thus 37 centres were in operation as at 31st December.

A number of Women's Voluntary Service workers retired during the first eight months of the year owing to ill-health or domestic commitments. However, new recruits were found and by September the staffing arrangements were as follows : 21 centres were staffed entirely by W.V.S. workers ; 12 centres were staffed by full-time members of the health department staff ; and at 4 centres the duties were shared.

It will be noticed that while the figures for the uptake of National Dried Milk have shown a gradual decline over recent years, the decline this year is very marked. Figures for 1956 compared with 1955 showed a reduction of 8,000 tins issued, 1957 over 1956, a reduction of 46,000 tins. This, in part, is due to the increased cost of the dried milk. From 1st April, the price of the milk was increased from 10½d. per tin to 2s. 4d. per tin. Apart from the evidence suggesting that there is an increase in the incidence of breast feeding, many mothers seemed to change to liquid milk for the artificial feeding of infants, using the daily pint of welfare milk augmented when necessary from the domestic supply rather than pay the 4s. 8d. for two tins of National Dried Milk necessary in the early months of the infant's life.

Consequent upon the recommendation made in the *Report of the Joint Sub-Committee on Welfare Foods* (1957), the entitlement of orange juice was restricted to children up to the age of two years as from 1st November. Children, however, over this age whose token books had been renewed before this date were permitted to use the tokens until the book was finished. It will be almost a year before the true reduction in uptake of this particular welfare food will be known. Uptake figures for December showed a 50 per cent. drop over the previous months.

Uptake of Cod Liver Oil Compound also dropped, due to a low uptake in December corresponding with the lower uptake of orange juice. This would suggest that, while the entitlement to cod liver oil is unchanged, the parents of beneficiaries are reluctant to journey to a distribution centre for the oil only.

The uptake of the Vitamin A and D Tablets remained steady.

The Sub-Committee on Welfare Foods also recommended a reduction in the Vitamin D content of National Dried Milk, both full-cream and half cream varieties, and of Cod Liver Oil Compound. This recommendation was accepted

by the Government and supplies of the two welfare foods containing the reduced Vitamin D content began to come forward at the close of the year. The recommendations of the Sub-Committee were that Vitamin D should be reduced in the National Dried Milk from 280 i.u. per dry ounce of milk powder to 100 i.u., and from 200 i.u. per gram to 100 i.u. per gram in the case of the Cod Liver Oil Compound. The Vitamin D content of the A and D tablets, however, remains unchanged at 800 i.u. per tablet.

### (r) Infant Feeding Centre.

This centre, which has been fully described in previous reports, operated at the British Legion Hall, Tower Street, Portobello, from 1st to 31st July inclusive. During that time 212 mothers took advantage of the facilities offered at the hall, a reduction of 76 over the number attending in 1956. This reduction can be accounted for in part to the bus strike but mainly to the very inclement weather prevailing during the month, especially during the Glasgow Fair Week when the demand, as past experience has shown, is normally at its peak.

## (III) DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

(Table 28).

During the year a slight increase in the number of expectant and nursing mothers attending for dental care indicated that health propaganda may be having some slight effect. Comment has been made earlier on the urgent need for a dental examination of every expectant woman. Over the year, 119 expectant women were referred to the school dental clinics for examination. All of these women required treatment, 118 accepted the need for treatment but only 114 were actually treated, these women making 308 attendances. Extractions numbered 291 ; fillings, 140 ; dressings, 105 ; and dentures fitted, 24. Thirteen general anæsthetics were required and 22½ days covered the treatment of these women.

Of nursing mothers, 180 were referred for examination, all required and accepted the need for treatment, and 177 were actually treated, making 617 attendances in the process. There were 482 extractions ; fillings, 168 ; dressings, 94 ; and dentures fitted, 89. Twenty-two general anæsthetics were required and 56 days covered the treatment of these women.

Pre-school children referred for examination numbered 1,057, of whom 1,055 needed and received treatment which consisted in : extractions, 945 ; fillings, 483 ; dressings, 323. General anæsthetics numbered 209, and 80 days covered the treatment of these 1,055 children who made 1,294 attendances.

It is still obvious from the figures quoted in respect of the pre-school children that dental decay must have set in before parents will bring themselves to take their youngsters to the dentist.

## (IV) HOMES FOR MOTHERS AND BABIES PROVIDED BY VOLUNTARY ASSOCIATIONS (Table 29)

In the field of social care and rehabilitation of the unmarried mother, voluntary organisations play a leading part, and three homes for unmarried mothers and their babies exist in the city and carry out magnificent work in this important field, each of these organisations being voluntary.

**(a) Edinburgh Home for Mothers and Babies, 17 Claremont Park,  
Leith, Edinburgh, 6.**

This home has a complement of 12 beds which may be used for ante-natal or post-natal purposes as the need arises. There are also 12 cots. Mothers may enter the home during pregnancy, but all confinements are conducted in hospital, the mothers and their infants returning to the home for varying periods. During the year 34 mothers were admitted.

**(b) Haig Ferguson Memorial Home, 4 Lauriston Park, Edinburgh, 3.**

Accommodation in this home consists of 9 beds, 4 for ante-natal purposes and 5 for post-natal purposes. There are also 5 cots. The mothers are confined in the Simpson Memorial Maternity Hospital, and thereafter return to the home with their infants for limited periods. Some 35 mothers were admitted during the year.

**(c) Salvation Army Home for Mothers and Babies, "Tor,"  
Corstorphine Road, Edinburgh, 12.**

This home is in charge of a local medical practitioner under whose care the young women come when admitted in the ante-natal period. After the confinements, most of which take place in the home, the mothers remain with their infants for a few months. There is accommodation for 7 ante-natal and 17 post-natal cases, and 24 cots. During the year 65 mothers were admitted.

Over the year in the three homes there were therefore 134 admissions, ignoring re-admissions after confinements in hospital.

## **(V) HEALTH VISITING.**

(a) The health visitor staff continued to cope in a competent manner with the increasing and varied volume of work, which each year seems to change somewhat in character. While active participation in research projects is commendable in itself as adding to the interest of the health visitor's work, it is too often forgotten that she also has other, probably more routine, but nonetheless important work to do. Completion of questionnaires is not done in a few minutes but takes sometimes up to one hour and as there is a steady volume of such projects in which the health visitor is asked to participate, there is a danger that her ordinary work will be pushed into the background. This is the more worrying in that the general practitioner and the health visitor are increasingly co-operating. In a recent memorandum drawn up by the assistant supervisor of health visitors on this important aspect of combined effort, the topics on which these two active partners in the field of social medicine were concerned, included, among others, the special needs of the unmarried mother, illegitimate children, problems of infant feeding, mental aspects of the parents of handicapped children, nervous and over-anxious mothers, and problem families, to mention only a few.



As at 31st December, the health visitor staff comprised a supervisor, assistant supervisor, and 61 health visitors, in addition to a health visitor tutor solely concerned with the course of training for the health visitor's certificate.

For the year, 7,676 visits were paid to infants under one year of age in their own homes for purposes of health supervision by the health visitors and health visitor students in training. This shows an increase of 432 in the number of visits over last year's figure. Subsequent visits to infants under one year numbered 41,497, making 49,173 visits in all to infants of this age period—an increase of 3,479 visits. Further, 71,979 first and subsequent visits were paid to children aged 1-5 years, a total of 121,152 visits to children from birth to 5 years, an increase of 5,626 visits over last year's figure.

Visits to expectant mothers numbered 2,163, and those to cases of elderly persons, accidents, infectious disease, etc. numbered 11,523. Thus 135,949 visits were paid for all purposes by the health visitors over the year, an increase of 5,713 over the total visits during 1956. Waste visits not included in these figures amounted to 23,560.

### (b) Health Visitors' Training Course.

Twenty-nine students enrolled for the training course in October, 1956, and of these, 26 were successful in passing the examination for the Health Visitor's Certificate of the Royal Sanitary Association of Scotland in April this year. Two of the students dropped out of the course before it was completed and the third failed in the examination.

Approximately half the time during the six months' training was spent in theory and half in practical work. In addition to formal lectures, the students took part in discussions and debates. It was found that some students were reluctant to express their own opinions when they commenced training and every attempt was made to encourage them to speak out, in order that they might become confident, and so be able to become adequate health educators. The class was divided into small groups for tutorial purposes to encourage each student to make a useful contribution and to give more individual attention to each student's difficulties.

Visits of observation were made to various special schools in the city, and to other places of interest in connection with their studies. The students prepare and use visual aids to illustrate mothercraft talks.

As the duties of the health visitors change and extend over a wider field, so the students accompanying them on their visits gain experience and insight into the implications of health visiting.

In October, thirty students commenced training, but this time over a nine month period, the first such group of students in Edinburgh to undertake this extended course which was adopted by the three Scottish Training Centres this year, following the recommendation made in the Jamieson Report on Health Visiting (1956).

## (VI) ASCERTAINMENT OF DEAFNESS IN INFANTS AND YOUNG CHILDREN.

Throughout the year the health visitors who had been trained by Professor and Mrs Ewing in July last year, gave instruction to most of their health visitor colleagues in the child welfare service. During this instruction and independently of it 742 infants and pre-school children at day and residential nurseries, child welfare clinics and in their own homes were tested. In no case was an infant found to be deaf, but 6 pre-school children failed to respond to the simple tests carried out. With the consent of the family doctors concerned, these children were referred for examination by an aural surgeon. Two of the children were found to be normal and hearing tests subsequently carried out by the health visitors concerned showed that indeed the children were hearing well. It appeared that in both cases the initial failure to respond to the tests was due to a temporary upper respiratory catarrh. Two required treatment by the surgeon, with subsequent return of normal hearing. The remaining two were referred for further investigation to the special diagnostic unit carried on under the auspices of the Donaldson Trust. One child required a hearing aid and is now attending a school for the hard-of-hearing and making good progress there. The other is, at the time of writing, still under observation.

While the ideal method to pursue, doubtless, would be to test all infants during the first year and thereafter periodically, the manifold duties imposed on the health visitors largely preclude this desirable procedure. In the meantime, it is more feasible, under such circumstances, to ensure that all infants and young children with a family history of deafness, or any suggestive signs of deafness, should undergo a carefully planned and thorough testing. In the long run this may yield better results than any attempted universal testing of children under five years of age.

Professor and Mrs Ewing are keen supporters of the competent health visitor being in a position to test for deafness. In the recent book *Educational Guidance and the Deaf Child* (1957) edited by Professor Ewing, Mrs Ewing has this to say :

“ In any public health department, the first step should be to have as many health visitors as possible trained in making screening tests, so that the incidence of defective hearing in children under five may be ascertained. The results of the screening tests will indicate whether or not there is need for the local authority to establish its own diagnostic and guidance clinic, or whether the limited number of children involved, as well as social and geographical considerations, make it more practicable to collaborate in the establishment of a regional clinic.”

## (VII) MISCELLANEOUS.

Dr Langton undertook the personal investigation required for the survey of leukæmia in under five-year-olds in Edinburgh over the period 1953-56. This involved the visitation of eight households in which a case of leukæmia had

occurred during that period, together with eight other households which acted as controls. She also took over the follow-up work in connection with the triple antigen scheme inaugurated in November, 1954.

The medical supervision of the children attending the Corporation day nurseries and the toddlers' playgrounds is undertaken by the assistant medical officers of the child welfare service, and, on behalf of the principal medical officer, give general medical care to the children living in the residential nurseries, tuberculosis preventorium at Willowbrae House, and the four children's homes administered by the Children Committee. Advisory medical duties to the Scottish Association for the Adoption of Children continue to be carried out by the principal medical officer.

### ACKNOWLEDGMENTS.

It is a pleasure to accord to each and every member of the child welfare service my thanks and appreciation of their work. Much of the work is of a personal nature, and to it is brought sympathy and understanding. To my colleagues in other sections of the Public Health Department, I am grateful for their ready help in mutual problems. Our united thanks are also due to the many voluntary workers who support us so enthusiastically.



TABLE 1.—MIDWIFERY SERVICE.

I.	Total number of births notified—									
	(i) Live :		Institutional						8,633	
			Domiciliary						1,370	
										10,003
	(ii) Still :		Institutional						223	
			Domiciliary						13	
										236
										10,239
II.	Total number of births in (I.) occurring in institutions—									
	Simpson Memorial Maternity Pavilion								3,797	
	Elsie Inglis Maternity Hospital								1,797	
	Eastern General Hospital								1,510	
	Western General Hospital								1,470	
	Nursing Homes								278	
	Others								4	
										8,856
III.	Total number of domiciliary births in (I.) classified to show nature of attendance at birth—									
	(i) <i>National Health Service (Scotland) Act, 1947</i>									
	(a) Doctor engaged and present at confinement...								1,010	
	(b) Doctor engaged but not present at confinement								307	
	(c) Midwife alone (no doctor engaged)								42	
	(d) Doctor alone (no midwife engaged)								5	
										1,364
	(ii) <i>Other cases</i>									
	(a) Doctor engaged								13	
	(b) Midwife alone (no doctor engaged)								—	
	(c) Without doctor or midwife								6	
										19
										1,383
										10,239
										10,239

TABLE 2.—ANTE-NATAL AND POST-NATAL SUPERVISION.

	Ante-natal	Post-natal
Number of clinics at end of year provided by local authority ...	1	—
Number of clinics at end of year provided by voluntary bodies ...	—	—
Total number of women who attended at the clinics during the year ...	204	47

TABLE 3.—PUERPERAL FEVER AND PUERPERAL PYREXIA.

Number of cases of puerperal pyrexia notified ...	10	
Number of cases of puerperal pyrexia confirmed ...	7	
Number subsequently developing into puerperal fever ...		3
Number of cases of puerperal fever notified ...	1	
Number of cases diagnosed as puerperal pyrexia ...	—	
Number of cases of puerperal fever confirmed ...		1
Total number of cases of confirmed puerperal pyrexia ...	7	
Total number of cases of confirmed puerperal fever ...		4

TABLE 4.—DEATHS and AGE at DEATH of CONFIRMED CASES of PUERPERAL FEVER.

NONE

TABLE 5.—AGES of PATIENTS suffering from PUERPERAL FEVER.

15 years and under 20 years ...	2
20 years and under 25 years ...	1
25 years and under 30 years ...	—
30 years and under 35 years ...	1
35 years and under 40 years ...	—
40 years and over ...	—
TOTAL ...	4

TABLE 6.—MATERNAL DEATHS.

CAUSES OF DEATH	Age at Death							Total
	15-20	20-25	25-30	30-35	35-40	40-45	45+	
Puerperal sepsis ...	—	—	—	—	—	—	—	—
Toxæmia ...	1	—	—	—	—	—	—	1
Hæmorrhage ...	—	—	1	—	—	—	—	1
Embolism ...	—	—	—	—	—	—	—	—
Other Conditions ...	—	—	—	—	—	—	—	—
	1	—	1	—	—	—	—	2

TABLE 7.—MATERNAL DEATHS, 1954-1957.

NUMBERS AND RATES PER 1000 TOTAL BIRTHS (LIVE AND STILL).

	1954		1955		1956		1957	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Septicæmia ...	—	—	—	—	—	—	—	—
Toxæmia ...	—	—	—	—	—	—	1	0·1
Hæmorrhage ...	—	—	—	—	1	0·1	1	0·1
Embolism ...	—	—	—	—	—	—	—	—
Other Conditions ...	1	0·1	2	0·3	3	0·4	—	—
	1	0·1	2	0·3	4	0·5	2	0·2

TABLE 8.—MATERNAL MORTALITY.

RATE PER 1000 TOTAL BIRTHS (LIVE AND STILL).

Year	Total Births (Live and Still)	Registrar General's Classification						After Clinical Investigation					
		Puerperal Sepsis	Rate per 1,000 Births	Other Diseases associated with Child-birth	Rate per 1,000 Births	Total Deaths	Rate per 1,000 Births	Puerperal Sepsis	Rate per 1,000 Births	Other Diseases associated with Child-birth	Rate per 1,000 Births	Total Deaths	Rate per 1,000 Births
1948	8,674	5	0·6	9	1·0	14	1·6	2	0·2	13	1·5	15	1·7
1949	8,357	1	0·1	1	0·1	2	0·2	—	—	4	0·5	4	0·5
1950	7,864	1	0·1	4	0·5	5	0·6	—	—	5	0·6	5	0·6
1951	7,557	3	0·4	4	0·5	7	0·9	2	0·3	6	0·8	8	1·1
1952	7,324	1	0·1	—	—	1	0·1	—	—	1	0·1	1	0·1
1953	7,404	2	0·3	3	0·4	5	0·7	—	—	5	0·7	5	0·7
1954	7,414	—	—	1	0·1	1	0·1	—	—	1	0·1	1	0·1
1955	7,305	—	—	—	—	—	—	—	—	2	0·3	2	0·2
1956	7,643	—	—	2	0·3	2	0·3	—	—	4	0·5	4	0·5
1957	8,007	—	—	2	0·2	2	0·2	—	—	2	0·2	2	0·2

TABLE 9.—Particulars regarding BIRTHS after necessary corrections have been made for transfers.

	Total Live Births	Legitimate	Illegitimate	Illegitimate Births per cent. of Live Births
1st Quarter 1953 ... ..	1,823	1,745	78	4·3
2nd     "     ... ..	1,982	1,862	120	6·1
3rd     "     ... ..	1,754	1,657	97	5·5
4th     "     ... ..	1,682	1,598	84	5·0
Year 1953 ... ..	7,241	6,862	379	5·2
1st Quarter 1954 ... ..	1,853	1,751	102	5·5
2nd     "     ... ..	1,945	1,837	108	5·6
3rd     "     ... ..	1,770	1,679	91	5·1
4th     "     ... ..	1,688	1,603	85	5·0
Year 1954 ... ..	7,256	6,870	386	5·3
1st Quarter 1955 ... ..	1,842	1,753	89	4·8
2nd     "     ... ..	1,883	1,788	95	5·0
3rd     "     ... ..	1,639	1,550	89	5·4
4th     "     ... ..	1,764	1,679	85	4·8
Year 1955 ... ..	7,128	6,770	358	5·0
1st Quarter 1956 ... ..	1,953	1,869	84	4·3
2nd     "     ... ..	1,898	1,800	98	5·2
3rd     "     ... ..	1,853	1,758	95	5·1
4th     "     ... ..	1,763	1,680	83	4·7
Year 1956 ... ..	7,467	7,107	360	4·8
1st Quarter 1957 ... ..	1,922	1,841	81	4·2
2nd     "     ... ..	2,049	1,938	111	5·4
3rd     "     ... ..	1,989	1,871	118	5·9
4th     "     ... ..	1,894	1,805	89	4·7
Year 1957 ... ..	7,854	7,455	399	5·1

TABLE 10.—BIRTH RATES for eight large towns in Scotland and for the whole of Scotland.

Year	Scotland	Glasgow	Edin- burgh	Dundee	Aberdeen	Paisley	Greenock	Mother- well and Wishaw	Clyde- bank
1948	19·4	20·2	17·2	19·8	19·1	18·9	21·2	21·2	21·1
1949	18·5	19·0	16·7	18·7	17·5	18·5	20·9	20·5	23·2
1950	17·9	18·4	15·7	17·8	17·2	17·4	20·1	18·7	22·4
1951	17·7	18·4	15·7	17·6	16·5	17·1	20·4	17·3	22·7
1952	17·7	18·7	15·0	17·7	16·5	17·0	18·6	18·6	22·5
1953	17·8	18·7	15·4	17·9	16·6	17·5	20·0	19·4	21·6
1954	18·0	19·4	15·5	18·1	17·4	17·7	20·6	18·8	21·9
1955	18·0	19·4	15·2	17·5	17·2	18·7	20·5	19·6	21·5
1956	18·5	20·2	16·0	19·2	17·5	19·5	20·9	20·4	21·4
1957	19·0	20·8	16·9	19·3	18·1	19·7	21·3	20·9	23·0



TABLE 11.—EDINBURGH AND SCOTLAND—STILL-BIRTH RATES  
(per 1000 Total Births, Live and Still), 1948–1957.

Year	Edinburgh		Scotland	
	No.	Rate	No.	Rate
1948 ... ..	254	29	2,966	29
1949 ... ..	203	24	2,666	27
1950 ... ..	190	24	2,558	27
1951 ... ..	204	27	2,470	27
1952 ... ..	195	27	2,430	26
1953 ... ..	163	22	2,307	25
1954 ... ..	158	21	2,399	25
1955 ... ..	177	24	2,331	25
1956 ... ..	176	23	2,329	24
1957 ... ..	153	19	2,381	24

TABLE 12.—STILL-BIRTHS, 1957.

Cause	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	Rate per 1,000 Total Births
Acute and Chronic Disease in mother	—	1	—	1	2	0·2
Toxæmias ... ..	2	4	1	2	9	1·1
Ante-partum Hæmorrhage ... ..	7	8	5	8	28	3·5
Other Placental and Cord Conditions	7	4	1	2	14	1·7
Fœtal Defects ... ..	7	7	14	7	35	4·4
Difficult Labour ... ..	1	2	—	2	5	0·6
Other defined causes ... ..	2	1	1	1	5	0·6
Ill-defined or unknown causes ...	10	16	11	18	55	6·9
All Causes ... ..	36	43	33	41	153	19·1

TABLE 13.—EDINBURGH—NEO-NATAL MORTALITY.  
RATES PER 1000 LIVE BIRTHS.

Year	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	Total under 1 year
1914 ... ..	28·6	6·5	5·7	2·9	44	110
1915 ... ..	26·5	7·2	6·1	4·1	44	132
1916–20 ... ..	27·7	5·4	4·4	4·5	42	105
1921–25 ... ..	23·0	4·3	4·5	3·2	35	91
1926–30 ... ..	22·8	3·7	3·6	1·9	32	75
1931–35 ... ..	23·6	3·4	2·7	2·3	32	68
1936–40 ... ..	23·9	5·0	3·6	2·5	35	65
1941–45 ... ..	21·5	3·3	1·4	1·8	28	55
1946 ... ..	19·1	3·8	1·4	1·7	26	52
1947 ... ..	16·9	2·1	2·4	1·3	23	49
1948 ... ..	15·3	2·1	1·2	0·6	19	34
1949 ... ..	15·7	1·2	1·0	1·0	19	32
1950 ... ..	14·9	1·4	1·2	0·7	18	29
1946–50 ... ..	16·4	2·1	1·4	1·1	21	39
1951 ... ..	13·7	1·9	1·0	0·1	17	27
1952 ... ..	14·9	2·5	0·4	1·0	19	29
1953 ... ..	12·8	1·1	1·1	0·6	16	24
1954 ... ..	10·7	1·1	0·7	0·1	19	25
1955 ... ..	15·0	1·8	0·4	0·4	18	25
1951–55 ... ..	14·6	1·7	0·7	0·4	18	26
1956 ... ..	14·7	1·9	0·5	0·4	18	24
1957 ... ..	14·3	1·7	1·0	0·5	17	24

TABLE 14.—NEO-NATAL MORTALITY.

RATES PER 1000 LIVE BIRTHS.

Year				Premature Birth	Injury at Birth	Congenital Malformation	Diarrhœa and Enteritis
1914	...	...	...	17.0	1.4	3.1	0.5
1915	...	...	...	18.3	0.2	2.4	0.7
1916-20	...	...	...	20.4	0.9	2.4	0.3
1921-25	...	...	...	17.2	0.9	2.9	0.8
1926-30	...	...	...	15.8	2.7	2.8	0.3
1931-35	...	...	...	14.3	3.7	1.9	0.5
1936-40	...	...	...	13.1	5.1	2.9	1.2
1941-45	...	...	...	11.6	2.8	3.7	1.2
1946	...	...	...	10.7	1.6	3.2	0.6
1947	...	...	...	9.1	2.4	3.5	1.0
1948	...	...	...	4.8	3.0	3.0	0.2
1949	...	...	...	5.4	3.3	3.0	—
1950	...	...	...	4.7	3.5	2.7	0.1
1946-50	...	...	...	7.3	2.8	3.1	0.4
1951	...	...	...	2.9	3.9	2.4	—
1952	...	...	...	4.6	1.1	3.5	—
1953	...	...	...	3.7	2.5	2.9	0.1
1954	...	...	...	5.1	3.3	3.3	0.1
1955	...	...	...	5.8	2.2	3.9	—
1951-55	...	...	...	4.4	2.6	3.2	—
1956	...	...	...	5.1	2.7	3.1	—
1957	...	...	...	5.1	1.5	3.2	—

TABLE 15.—EDINBURGH—INFANT MORTALITY RATES (deaths under ONE YEAR per 1000 Live Births).

Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality
1880	143	1900	132	1920	89	1940	68
1881	128	1901	143	1921	96	1941	66
1882	121	1902	119	1922	91	1942	56
1883	128	1903	117	1923	82	1943	54
1884	135	1904	125	1924	89	1944	51
1885	120	1905	124	1925	96	1945	50
1886	136	1906	112	1926	80	1946	52
1887	137	1907	121	1927	80	1947	49
1888	128	1908	114	1928	75	1948	34
1889	133	1909	113	1929	80	1949	32
1890	144	1910	103	1930	82	1950	29
1891	138	1911	115	1931	69	1951	27
1892	135	1912	110	1932	73	1952	29
1893	148	1913	101	1933	66	1953	24
1894	125	1914	110	1934	62	1954	25
1895	152	1915	132	1935	70	1955	25
1896	122	1916	100	1936	68	1956	24
1897	164	1917	123	1937	70	1957	24
1898	*141	1918	94	1938	61		
1899	147	1919	117	1939	59		

\* Sanitary Department formed 1898.    P City Boundaries extended.    R Voluntary Visiting in Homes.  
T Child Welfare Department formed May, 1917.    Y Reflection world influenza epidemic, 1918-1919.

TABLE 16.—INFANT AND NEO-NATAL MORTALITY.

RATES PER 1000 LIVE BIRTHS.

(QUINQUENNIAL AVERAGES.)

Year	Births		Neo-natal Deaths		Deaths 1-12 months		Deaths Under 1 year	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1916-20	5,775	18·1	239	42	356	63	595	105
1921-25	8,542	20·1	303	35	474	56	777	91
1926-30	7,516	17·3	242	32	352	47	594	79
1931-35	7,037	15·6	224	32	254	36	478	68
1936-40	7,309	16·0	253	35	224	31	477	65
1941-45	7,439	15·8	209	28	201	27	410	55
1946-50	8,693	17·9	185	21	164	19	349	40
1951	7,353	15·7	123	17	73	10	196	27
1952	7,129	15·0	134	19	72	10	206	29
1953	7,241	15·4	113	16	64	8	177	24
1954	7,256	15·5	135	19	50	6	185	25
1955	7,128	15·2	126	18	53	7	179	25
1951-55	7,221	15·4	126	17	62	9	189	26
1956	7,467	16·0	131	18	48	6	179	24
1957	7,854	16·9	137	17	54	7	191	24

TABLE 17.—INFANT AND NEO-NATAL MORTALITY RATES.

Year	INFANT MORTALITY RATES					NEO-NATAL MORTALITY RATES				
	Scot-land	Glas-gow	Edin-burgh	Dundee	Aber-deen	Scot-land	Glas-gow	Edin-burgh	Dundee	Aber-deen
1948	45	56	34	47	34	25	29	19	19	20
1949	41	49	32	44	30	23	24	19	29	16
1950	39	44	29	50	29	23	25	18	29	17
1951	37	46	27	41	27	22	25	17	25	18
1952	35	41	29	31	30	19	28	19	20	18
1953	31	36	24	32	27	19	22	16	20	19
1954	31	35	25	33	22	21	21	19	23	15
1955	30	36	25	36	21	20	23	18	21	11
1956	29	33	24	31	22	19	21	18	20	14
1957	29	35	24	24	24	26	21	17	18	17



TABLE 18.—CAUSES of DEATH among CHILDREN under FIVE YEARS during 1957.

Cause of Death	Under 1 week	1 and under 2 weeks	2 and under 3 weeks	3 and under 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months	Total under 12 months	12 months and under 2 years	2 and under 3 years	3 and under 4 years	4 and under 5 years	Total 1-5 years	Total under 5 years
Tuberculosis—Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—Other Forms	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Meningococcal Infections	—	—	—	—	—	1	2	1	—	4	—	—	—	—	—	4
Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Other Infectious and Parasitic Diseases ...	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1
Meningitis (other forms)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	3	4	1	—	8	4	7	1	1	21	1	1	—	1	3	24
Bronchitis ...	—	—	—	—	—	2	—	2	—	4	1	—	—	—	1	5
Other Respiratory Diseases	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1
Intestinal obstruction and Hernia	—	—	1	—	1	—	—	—	—	1	—	—	—	—	—	1
Gastro-Enteritis ...	—	—	—	—	—	—	1	—	—	1	1	—	1	—	2	3
Other Digestive Diseases	—	—	—	—	—	—	3	1	—	4	—	—	—	—	—	4
Hydrocephalus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Heart ...	7	1	—	—	8	1	4	1	—	14	1	—	—	—	1	15
Other Congenital Malformations	11	5	1	—	17	2	1	—	—	20	1	—	—	—	1	21
Injury at Birth ...	12	—	—	—	12	—	—	—	—	12	—	—	—	—	—	12
Post-natal Asphyxia and Atelectasis	33	1	—	—	34	—	—	—	—	34	—	—	—	—	—	34
Other Infections of New-born ...	1	—	—	1	2	1	—	—	—	3	—	—	—	—	—	3
Other Diseases of early infancy ...	9	—	3	1	13	—	—	—	—	13	—	—	—	—	—	13
Immaturity ...	36	1	2	1	40	—	—	—	—	40	—	—	—	—	—	40
Accidents:—Suffocation ...	—	—	—	—	—	2	2	2	—	6	1	—	—	—	1	7
Overlying ...	—	—	—	1	1	—	1	—	—	2	—	—	—	—	—	2
Out of Doors ...	—	—	—	—	—	—	—	—	1	1	2	1	2	—	5	6
Other ...	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2
All Other Causes ...	—	1	—	—	1	4	2	—	2	9	—	3	1	2	6	15
Totals ...	112	13	8	4	137	19	23	8	4	101	9	7	5	3	24	215

TABLE 19.—EDINBURGH—INFANT MORTALITY RATES in Wards.

Ward	Infant Mortality Rates (per 1000 Live Births)				
	1953	1954	1955	1956	1957
1. St Giles ... ..	32	45	34	30	18
2. Holyrood ... ..	23	25	22	30	27
3. George Square ... ..	12	35	—	31	24
4. Newington ... ..	30	27	18	20	31
5. Liberton ... ..	26	20	31	29	20
6. Morningside ... ..	21	30	31	6	6
7. Merchiston ... ..	16	28	42	5	35
8. Colinton ... ..	13	13	31	19	12
9. Sighthill ... ..	13	24	32	13	24
10. Gorgie-Dalry ... ..	11	29	14	28	25
11. Corstorphine ... ..	25	14	0	24	25
12. Murrayfield and Cramond ... ..	6	11	22	20	47
13. Pilton ... ..	36	25	24	33	22
14. St Bernard's ... ..	27	19	23	16	26
15. St Andrew's ... ..	31	27	3	18	19
16. Broughton ... ..	29	11	47	26	20
17. Calton ... ..	24	32	10	31	36
18. West Leith ... ..	22	29	24	24	19
19. Central Leith ... ..	41	20	26	35	24
20. South Leith ... ..	27	19	44	30	24
21. Craightinny ... ..	22	38	41	36	14
22. Portobello ... ..	20	15	16	7	26
23. Craigmillar ... ..	23	38	24	21	31
City Rate ... ..	24	25	25	24	24

TABLE 20.—OPHTHALMIA NEONATORUM. The interval in days between the Birth of the Child and the onset of the disease.

Days	1	2	3	4	5	6	7	8	9	10	11-21 days	No particulars	Total
Cases	—	—	—	1	1	1	1	—	1	1	3	—	3

Treatment was given :—

At home ... ..	4
In hospital ... ..	4
TOTAL ... ..	8

Notified by :—

Institution ... ..	3
Domiciliary ... ..	5

Gonococcal cases = 2

TABLE 21.—CHILD WELFARE CLINICS.

(i) Number of clinics at end of year provided by local health authority	...	29
(ii) Number of clinics provided by voluntary bodies at end of year	...	
(iii) Total number of children under 5 years of age who attended at the clinics during the year—		
(a) under 1 year of age	... ..	7,379
(b) over 1 year of age	... ..	2,772
		<u>10,151</u>
(iv) Total number of attendances made by children during the year—		
(a) under 1 year of age	... ..	52,944
(b) over 1 year of age	... ..	15,755
		<u>68,699</u>

TABLE 22.—ULTRA-VIOLET RAY CLINICS.

Number of sessions held—623.

Total number of attendances made by children under 5 years of age during the year -

	First Attendances	Subsequent Attendances	Total
(a) under 1 year of age	35	261	296
(b) over 1 year of age	504	6,005	6,509
	<u>539</u>	<u>6,266</u>	<u>6,805</u>

TABLE 23.—DAY NURSERIES.

	Approved Places	Average No. on Roll	Possible Attendances	Actual Attendances	Percentage of Attendances
Craigmillar ...	50	53	13,515	10,777	79
Dean ...	30	34	8,670	7,010	81
Dumbiedykes ...	30	34	8,670	6,665	77
Gilmore Place ...	40	41	10,455	7,511	72
Granton ...	60	58	14,790	11,660	79
Lochend ...	30	31	7,905	5,469	69
Niddrie ...	45	49	12,495	10,385	83
Pilrig ...	40	40	10,200	8,068	79
St Kentigern's ...	80	81	20,655	15,276	74
South Fort Street...	60	61	15,555	11,740	75
Stenhouse ...	50	52	13,260	9,687	73
Tollcross ...	30	36	9,180	7,177	78
Victoria Park ...	65	65	16,575	11,818	71
West Pilton ...	50	52	13,260	10,733	81
	660	687	175,185	133,976	76



TABLE 24.—RESIDENTIAL NURSERIES AND CHILDREN'S HOMES.

(a) MAINTAINED BY THE LOCAL AUTHORITY.

Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number of Beds provided at the end of 1957		
		Aged 0-2	Aged 2-5	Others
PUBLIC HEALTH DEPARTMENT				
Willowbrae House ... ..	Short-stay	16	—	—
MATERNITY AND CHILD WELFARE DEPARTMENT				
St Helen's, 7 West Coates ... ..	„	15	15	—
Viewforth Nursery, 22 Viewforth Terrace ...	„	15	—	—
Henderson Row Nursery, 73 Henderson Row	„	15	—	—
CHILDREN'S DEPARTMENT.				
St. Katharine's Children's Home, Howdenhall Road, Liberton ... ..	Either	40	—	—
Clerwood Children's Home, Clermiston Road, Corstorphine ... ..	„	38	—	—
Canaan Lodge Children's Home, Canaan Lane	„	—	26	54
Redhall Children's Home, Craiglockhart Drive South ... ..	„	—	—	40

(b) MAINTAINED BY VOLUNTARY ASSOCIATIONS.

Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number of Beds provided at the end of 1957		
		Aged 0-2	Aged 2-5	Others
Challenger Lodge (Edinburgh Cripple Aid Society), Boswall Road ... ..	Long-stay	—	4	19
Edinburgh Home for Babies, "Avenel," 30 Colinton Road ... ..	Either	24	1	—

TABLE 25.—NURSERIES AND CHILD-MINDERS  
REGULATION ACT, 1948.

	No. of applications received	Number of Certificates				No. of children being cared for at end of year	No. of inspections made	No. of cases in which no inspection made
		Issued	Refused	Cancelled	In force at end of year			
1. Nursery premises ...	—	—	—	1	3	54	4	—
2. Child-minders ...	3	3	—	—	8	106	17	—

TABLE 26.—'TODDLERS' PLAYGROUNDS

Centre	Number on Roll	Daily Attend- ances	Centre	Number on Roll	Daily Attend- ances
Fountainbridge ...	22	18	Yardheads, Leith ...	32	27
Pleasance ... ..	30	22	Boswall Parkway ...	40	31
Stockbridge ... ..	26	21	Granton ... ..	40	32
Tron Square ... ..	26	19	Lochend ... ..	25	20
Abbeyhill ... ..	19	14	Marshall Street ...	26	18
Barony Place ... ..	32	27	Portobello ... ..	40	31
Carrick Knowe ...	20	16	Canongate ... ..	21	16
Elm Row ... ..	40	27	West Pilton ... ..	24	20
St Ninian's, Leith ...	32	26	Greenside ... ..	22	14
Craigentinnv ... ..	20	17	Sigbthill ... ..	21	15
Jamaica Street ... ..	22	19			

TABLE 27.—WELFARE FOODS DISTRIBUTION—UPTAKE.

	National Dried Milk	Cod Liver Oil	A and D Tablets	Orange Juice
	Tins	Bottles	Packets	Bottles
General ... ..	15,069	49,918	24,423	354,018
To day nurseries, hospitals, etc.	627	1,915	—	8,001
Total ... ..	150,696	51,833	24,423	362,019
Average Monthly Uptake ...	12,558	4,319	2,035	30,168

TABLE 28.—DENTAL CARE OF MOTHERS AND CHILDREN  
UNDER FIVE YEARS OF AGE.

	Expectant Mothers	Nursing Mothers	Pre-School Children
1. Number inspected by dental officers ... ..	119	180	1,057
2. Number found to require treatment ... ..	119	180	1,055
3. Number accepting treatment ... ..	118	180	1,055
4. Number actually treated by dental officers ...	114	177	1,055

TABLE 29.—MOTHER AND BABY HOMES.  
PROVIDED BY VOLUNTARY ASSOCIATIONS.

Name and Address of Home or Hostel	Number of Beds		
	Ante- natal	Post- natal	Cots
Edinburgh Home for Mothers and Infants, 17 Claremont Park, Leith ... ..	12		12
Haig-Ferguson Memorial Home, 4 Lauriston Park ...	4	5	5
Salvation Army Home for Mothers and Babies, "Tor," Corstorphine Road ...	7	17	24

Total number of women admitted during the year to these three homes  
(ignoring re-admissions after confinement) ... .. 134

TABLE 30.—HEALTH VISITING.

	Number Visited	First Visits	Subsequent Visits	Total
(a) Expectant mothers ...	2,163	2,163	1,111	3,274
(b) Infants (under 1 year)	11,776	7,676	41,497	49,173
(c) Children (1-5 years) ...	17,451	581	71,396	71,979
(d) Other cases ... ..	7,827	7,827	3,696	11,523
		18,247	117,702	135,949
(e) Waste Visits .. ...				23,560
			Total ...	159,509



## SCHOOL HEALTH SERVICE

### JOINT COMMITTEE ON SCHOOL MEDICAL SERVICE.

#### From HEALTH COMMITTEE :

Councillor G. H. MENZIES.  
 Councillor G. HEDDERWICK.  
 Councillor J. G. MORE-NISBETT.  
 Councillor LADY MORTON.  
 Councillor Mrs M. TENNANT.

#### From EDUCATION COMMITTEE :

Councillor T. CURR. (deceased 7/9/58)  
 Councillor Mrs C. T. NEALON.  
 Councillor J. B. STEWART LAMB (deceased 17/3/58).  
 Councillor W. J. MACPHERSON.  
 Councillor J. F. STEWART.

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### REPORT BY THE CHIEF EXECUTIVE SCHOOL MEDICAL OFFICER.

The following report for the year ended 31st July, 1957, is the fiftieth since the institution of school medical inspection in Edinburgh and the twenty-seventh since the transfer of the service to the municipality.

Last year's report, which contained the full and detailed information required quinquennially by the Department of Health, devoted, in addition, a considerable amount of introductory space to an account of developments and innovations in the school health service during the preceding five years.

The report for this year is given in smaller compass and its annotations and tables, which follow the scheme laid down by the Department, indicate the developments of the preceding 12 months and provide an assessment of the state of the school population of to-day.

Nutrition has been well maintained and an indication of the increasing good health of the children has come with the closure of Middleton House Residential School for delicate and convalescent pupils. The need for a school of that kind has decreased in recent years, the influences producing this happy improvement being social as well as medical. Rehousing, higher living standards and better social services make recovery of full health possible at home for many debilitated children who not so long ago would have required residential care. Treatment, too, is now more effective by reason of modern advances in therapeutics and the

availability under the National Health Service of a family doctor for every child. There remain, nevertheless, children whose physical state brings them within the category, delicate and convalescent. For such, the Education Committee has under consideration the setting up of a residential school on a smaller scale and their needs are meantime provided for, at least in part, by voluntary organisations.

The year was noteworthy for the high incidence of infectious disease (11,456 cases) compared with the year 1955-56 (7,329 cases), a city-wide epidemic of rubella contributing more than half (6,934) to this figure. In the early spring an outbreak of dysentery affecting six schools in the Inch-Gilmerton area called for special preventive measures which included health talks to pupils and teachers and the setting up of a "hand rinsing" procedure, Roecal solution and paper towels being provided in every classroom. These measures appeared to have a considerable effect in bringing the outbreak to an end and they will be applied if at any time dysentery reappears as a school outbreak.

The outbreak was practical evidence of the importance of handwashing in schools, a matter which for some time has engaged the attention of the school health service, and in the report a description is given of investigation into, and assessment of, the use of liquid soap dispensers and of methods of hand-drying—individual towels, paper towels, automatic roller towels, common roller towels and electric hand-driers. A favourable estimate was formed of the first three of these five methods and one or other will be introduced into a number of primary and secondary schools at present using common roller towels.

B.C.G. vaccination is now a well established routine procedure in schools of the local authority, the extension of which in 1956-57 into 13 of the 18 independent secondary schools in the city was an important advance in the campaign against tuberculosis. Acknowledgment is made of the co-operation shown by the staff, teaching and other, of those schools to the medical officers engaged on this work. The percentage of Edinburgh pupils showing a positive reaction to tuberculin testing, of whom it may therefore be said that they had been in contact with the infection of tuberculosis, was 18.8 per cent. Since 1953, when the figure was 37 per cent., there has been a steady reduction in this percentage, which may well be an index of the shrinking of the pool of infection in the general population.

Previous annual reports have recorded in the briefest manner the activities of the school ophthalmologists and ear, nose and throat surgeons, while the cases attending other specialist clinics have been described in detail. This anomaly has now been rectified and future reports will contain full information about all clinics, an innovation which is timely in view of the concern expressed in a number of quarters about the ascertainment and treatment of defects of vision and hearing. For this year's report details have been received from Leith treatment centre for the period January to July and they will be found under the appropriate headings.

The report also refers to an investigation carried out throughout the year into the feasibility of, and need for, vision testing of five-year-old entrants. It shows that testing can be carried out either as part of the systematic inspection of that age group or as a special task, and that some 0.5 per cent. of children at that age have defects of vision which merit investigation.

As an experiment, the chiropodist undertook the inspection and treatment of

23 ineducable youths over 16 years of age in the senior occupation centre. The finding of 19 (83 per cent.) cases in need of foot treatment justified this extension of the chiropodist's work and she will visit both male and female senior centres in the coming year.

This year's report refers to the care provided by the school health service for the 217 boys and 58 girls who, during the year, were admitted to the Remand Home which serves the needs of Edinburgh and also of much of the Southern and Eastern regions. Medical examination for admission to the home is in the main a straightforward clinical matter but the provision of an approved school report which can profoundly affect the whole future life of a boy or girl may necessitate a careful social, psychological and educational as well as a medical assessment. Moreover, the average intellectual level of inmates of the home is low, and an estimate of intelligence may have to be made before the approved school form is completed, for the medical officer has a responsibility to draw the attention of a juvenile court to the possible presence of mental defect in any child or young person appearing before that court. For these reasons, remand home work engages a considerable amount of the school medical officers' time and attention. Poor physical development and minor ailments are commoner in those on remand than in the school population as a whole, but admission to hospital and other urgent medical treatment are but rarely needed, except for one special group—the adolescent girls. Many of them, whether admitted on a charge or in need of care or protection or beyond parental control, have in the days or weeks previous to admission been in evil company. There are those who are already known to be young prostitutes. Others have been picked up by the women police in disreputable eating houses or removed from ships in port where they have been living in the crew's quarters. Whenever a history is elicited which suggests the possibility of recent exposure to venereal disease, the girl is at once referred to the appropriate hospital department, to whose medical and nursing staff thanks are due for full co-operation and much valuable help. Though relatively few in number in comparison with the total remand home population, these girls constitute a special social problem. Pædiatricians have recently drawn attention to the increasingly early onset of puberty and it is, therefore, not surprising that many of these girls, even in their early teens, are physically mature. They often appear to have little fear, though adequate knowledge, of the dangers of promiscuous sexual adventure, are well experienced in the seamy side of life and discuss that experience without reticence and, it may be, with bravado. Such a girl is often poor material for approved school training and a baneful and demoralising influence in the school. Yet admission to an approved school may be the only residential provision available to the court.

At the beginning of the session, school medical officers were asked, when carrying out their duty of inspection of school premises under section 20 of the Education Act, to pay special attention to the accommodation available in every school for the staff of the school health service.

The medical officer who has to work in uncomfortable, cramped or make-shift quarters cannot give of his best, no matter how skilled, keen and conscientious he may be. Noise and bad lighting cause mistakes and omissions in auscultation and inspection, and interruptions and distractions interfere with history taking



and with examination. In every school, therefore, the accommodation provided should contain a well-lit and well-equipped room of adequate size, where examination of pupils and interviewing of parents may be carried out in privacy, without interruption, noise or distraction. There should be adequate facilities for the school health visitor to carry out her duties both at the time of the medical officer's visit and also at any other time convenient to herself and there should be a comfortable and convenient waiting space for parents and children.

The reports received on 117 medical rooms show that in regrettably few of Edinburgh's schools are those requirements satisfied, and that the accommodation available is often gravely deficient in many respects. It is true that in recent years the school medical officer and dental officer have been consulted in the architectural planning of every new school, to ensure that adequate provision is made for the school health service. But even this elementary precaution has its failures. In schools built since the war, in which, on paper, full provision has been made, teachers and psychologists, adjustment and other classes have invaded the premises of the school doctor, dentist and health visitor and driven those lawful occupants into other, makeshift premises. So long as those conditions persist—and it appears that in many schools they will persist for a long time—so long will the quality of the work done suffer through no fault of the doctor, dentist or health visitor concerned.

Throughout the year the staff of the school health service, medical, dental, and clerical, have carried out their duties with conscientious zeal and much help has been received from other services of the local authority, and especially from the Medical Officer of Health and Director of Education and their staffs. To all, acknowledgment and thanks are paid.

### GENERAL STATISTICS.

Population of the area	...	...	...	...	...	466,100
Number of schools (under the Education Committee) :—						
(a) Nursery	...	...	...	...	...	11
Nursery classes	...	...	...	...	...	9
(b) Primary	...	...	...	...	...	83
(c) Secondary	...	...	...	...	...	22
*(d) (i) Special schools	...	...	...	...	...	16
† (ii) Special classes in ordinary schools	...	...	...	...	...	2
(e) In receipt of grant from Education Authority and under medical inspection (St. Mary's Cathedral School and Cowgate Nursery School)	...	...	...	...	...	2
Total						145

\* Includes the following not medically inspected by the Authority: Astley Ainslie Hospital, Challenger Lodge, Princess Margaret Rose Hospital, Royal Hospital for Sick Children and Southfield Hospital.

† 1 Class for mentally handicapped pupils attached to St Ninian's (R.C.) School.

1 Experimental class for pupils with multiple handicaps attached to Craighentenny School.

Number of children on the registers :—

Primary ... ..	38,309
Roman Catholic ... ..	5,699
Episcopal ... ..	394
Secondary ... ..	15,341
Roman Catholic ... ..	2,058
Special ... ..	771
Nursery schools ... ..	651
Nursery classes ... ..	300
Total ... ..	63,523

Average number of children in attendance ... ..	59,461
Average number of children in hospital classes ... ..	196
Average number of children taught at home by visiting teachers	53

## SANITARY CONDITION OF SCHOOLS.

Section 20(3) of the Education (Scotland) Act 1946 lays on medical officers the duty of inspecting and reporting on school premises.

The tables given show the results of routine inspection of premises and also of investigation of defects referred by headmasters to school medical officers.

### Routine Inspection of School Premises.

Number of schools inspected ... .. 63  
 Schools from which unsatisfactory reports were received with respect to the following totalled 21 :—

Classrooms ... 4	Gymnasium ... 4	Wash Basins ... 1
Cloakrooms ... 2	Playground	Towels ... 5
Corridors ... 3	surface ... 1	Urinals ... 3
Dining Centres 3	Showers ... 1	W.Cs. ... 5
Drinking Water 5	Staff Rooms ... 3	

### Specific Defects Referred by Headmasters.

Nature of Defect :—

Absence of school traffic sign 1	Defective urinal ... 2
Defective drainage of playground 1	Leaking roof of hall ... 1
Defective surface of playground 1	Defective heating ... 1
Defective drinking supply ... 1	Fumes from adjacent factory ... 1
Leak from adjacent gas main ... 1	Leaking drain in dining hall ... 1

Appropriate action was taken to remedy defects.

### Accommodation for medical and dental inspection.

School medical officers were instructed to pay special attention this year to the accommodation provided for medical and dental inspection. Reports on 117 schools were furnished and are summarised below.

**Medical Rooms :**

Schools having planned medical/dental rooms used for no other purpose 24

Schools having planned medical/dental rooms used for other purposes also 36

The other purposes being as follows :—

Dental Treatment Clinic	1	Infant Class	...	...	...	1
Physiotherapist	...	Adjustment Class	...	...	...	10
Audiometric Testing	...	Sewing Class	...	...	...	6
Speech Therapy	...	Social Worker	...	...	...	1
Mothercraft Instruction	...	Youth Employment Officer	...	...	...	2
Infant Mistress's Room	...	Educational Psychologist	...	...	...	14
Staff Room	...					

Schools having no planned medical/dental rooms and where, therefore, the

School Health Service must use other accommodation ... 57

The other accommodation being as follows :—

Staff Room	...	Library	...	...	...	2
Infant Mistress's Room	...	Sewing Room	...	...	...	1
Lady Advisor's Room	...	Night School Headmaster's Room	...	...	...	1
Secretary's Room	...	Dining Room	...	...	...	1
Classroom	...	Janitor's Room	...	...	...	3

**Lighting :**

Natural lighting in room ... Satisfactory 107 : Unsatisfactory 10.

Artificial lighting in room ... Satisfactory 101 : Unsatisfactory 16.

**Heating :** Satisfactory 114 : Unsatisfactory 3.

**Washing Facilities :**

Wash-hand basin in the room ... 60

Wash-hand basin elsewhere but convenient ... 45

Wash-hand basin elsewhere but inconvenient ... 12

**Noise :**

No complaint of noise ... 79

Complaint of noise ... 23

Complaint of loud noise ... 15

**Privacy for child and parent to be interviewed :**

Adequate ... 71

Inadequate ... 46

**Space for vision testing :**

\*Adequate ... 98

Inadequate ... 19



\* Adequate space being available as follows :—

Medical room ... ..	67	Dining room ... ..	1
Corridor ... ..	16	Kitchen ... ..	1
Classroom ... ..	5	Music Room ... ..	1
School hall ... ..	4	Lavatory ... ..	1
Waiting room ... ..	2		

#### Waiting accommodation for children and parents :

Corridor ... ..	62	Staff room ... ..	3
Waiting room ... ..	27	Class room ... ..	3
School hall ... ..	9	Kitchen ... ..	1
No waiting accommodation other than the medical room itself ... ..	12		

#### Facilities for Hand Washing and Drying.

Provision of these facilities was briefly discussed in last year's report and reference was made to a pilot experiment in one primary school in the use of liquid soap dispensers and paper towels which had proved successful.

#### Hand Washing :

The general practice is for small cakes of soap to be supplied in the schools. Considerable waste and abuse occur and in many schools it has been found necessary to supply soap only on request by the pupil from the class teacher or the janitor, an unsatisfactory practice, for soap should at all times be freely available.

The use of liquid soap dispensers prevents waste and loss and it has been found that even pupils in an infant department can learn to manipulate the lever. Dispensers, which are now in use in three schools, have proved so satisfactory that their installation in other schools has been asked for by teaching staff.

#### Hand Drying :

During the past year fuller consideration was paid to five possible methods of hand drying, experiments being made in a number of schools and information by letter or personal visit obtained from other local authorities. The results of these investigations may be summarised as follows :—

**Roller Towels for common use :** This is the provision made in most schools at present, the towels being changed once or twice a week. Such towels quickly become soiled, are unsatisfactory in use and a possible medium for the spread of infection from child to child.

**Automatic Roller Towels :** These have not so far been installed in Edinburgh schools but have been favourably reported on from local authorities who have provided them in selected secondary schools. Such towels do not appear to be suitable for younger pupils, who would use them as ordinary rollers, unless close supervision were always possible.

**Paper Towels :** The use of these in all washing rooms of one secondary and two primary schools has been reported on so favourably that headmasters in

other schools have asked that paper towels be provided in their schools also. Samples of towels have been received from a number of manufacturers but a decision has not yet been made on the best kind of towel.

**Individual Towels :** The provision of a separate towel for each child is standard practice in nursery schools. During the year it was introduced into the infant department of a primary school in a new residential district, the towels being provided by the school and laundered by the parents, and proved so successful that at the request of parents and older children the use of individual towels was extended to the whole school. Where parents are co-operative, this may well be the method of choice.

**Electric Hand-driers :** When properly used, these probably afford the surest protection against spread of infection. The capital cost of installation is heavy. Driers have been tried on a small scale in Edinburgh schools but their use was discontinued, for they were quickly put out of action by the pupils and it was found that they took so long to heat up that there was much delay when a large number of children were waiting to dry their hands. These difficulties were also referred to in reports received from other areas.

This preliminary investigation and assessment suggests that certain methods of hand-drying other than the use of common roller towels may be both hygienic and feasible and deserve fuller trial. During the coming year, therefore, in a number of selected primary and secondary schools one or other of the alternative methods described above will be introduced.

### Supervision of Playing Fields.

Dr Douglas Murray visited nine of the authority's playing fields, inspected the pavilions and discussed with the groundsmen the provision of first-aid equipment and the prevention of accidents. Deficiencies in first-aid equipment were found in four pavilions and recommendations were made to remedy these. In one pavilion the state of the floor of the lavatories and the water supply were subjects of adverse comment and at another a barbed wire fence close to the rugby pitch was found to be a danger to spectators and to players. These defects were reported to the appropriate officials.

Premises and equipment at the other playing fields were satisfactory.

Dr Murray also attended in the first-aid room at Meggetland and at Meadowbank when inter-scholastic sports took place in April and June 1957.

## SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

### Inspection :

Inspections have been carried out in accordance with the scheme formulated by the Department of Health for Scotland.

- (1) Systematic (Routine) Inspection of the specified age groups.

- (2) Non-routine (Special) Inspection of pupils referred by teacher, parent or school health visitor.
- (3) Supervision of pupils found at previous inspection to be suffering from disease or defect.
- (4) Routine Medical Inspection of pupils in schools for the physically and mentally handicapped.
- (5) Class-room Inspection.

There was also periodic inspection of children receiving home tuition. Examination was provided of children over 13 for part-time employment ; of volunteers for potato picking ; of classes going to camp schools ; of applicants for training colleges ; of persistent truants appearing before the School Management Committee ; of children admitted to the Remand Home ; and of those for whom Approved School Reports were required by the Juvenile Courts.

School doctors examined pupils who made a low score in the group intelligence tests given to all pupils at the ages of 7 and 11 years. Physical defects likely to have prejudiced the performance of these tests were discussed with the Principal Psychologist and her assistants.

Arrangements were also made throughout the session for cleanliness inspections and examinations for vocational guidance.

#### Treatment :

Clinics and medical services administered by the school health service are shown in the following table :

Clinic	Doctor's Clinic	Minor Ailments Treatment	Aurist	Ophthalmologist	Dermatologist	Orthopædic Surgeon	Physiotherapist	Ultra-Violet Light	Chiroprapist	Scabies
<i>Main Treatment Centres</i>										
45 Lauriston Place ...	x	x	x	x	x					
5 Links Place ...	x	x	x	x			x	x	x	x
High School Yards ...	x	x								x
Sighthill Health Centre		x		x			x	x	x	
<i>Sub-Clinics</i>										
Craigentinny School	x	x								
Craigmuir School ...		x								
Granton School ...	x	x								
Glenvarloch School ...		x								
Niddrie Old Farmhouse		x								
Pennywell School ...	x	x								
St. John's School ...		x								
<i>Orthopædic Clinic</i>										
60 Pleasance ...						x	x	x		

Treatment for minor ailments was also given by inspection nurses in schools for handicapped children.



Examination and minor treatment in the school clinics is provided by aurists, ophthalmologists, a dermatologist and an orthopædic surgeon of the hospital service, who refer children for major treatment to the appropriate hospitals in the city.

The Remand Home, Gilmerton, administered by the Children's Committee, provides for the needs of Edinburgh, Fife, the three Lothians and the border counties. By arrangement between the Children's and Health Committees, the school health service is responsible for the general medical supervision of the home and for the medical examination and care of all children admitted, and it provides a medical report in every case in which an Approved School or a Borstal report is asked for by a Juvenile Court. In addition, children suspected of mental defect are examined and reported on by school medical officers.

## SYSTEM AND EXTENT OF DENTAL INSPECTION AND TREATMENT.

### Report by the Senior Dental Officer.

#### Staff :

Two dental officers resigned in the early part of the year, but later in the session three new appointments were made, raising the staff total to sixteen. One of the two oral hygienists resigned to take up dental hospital work.

The effect of the changes has shown itself in the slight fall in the returns of work for the year.

#### Clinics :

The following dental centres were in operation at 31st December, 1957 :—

1. 45 Lauriston Place, Edinburgh, 3.
2. 5 Links Place, Leith, Edinburgh, 6.
3. 3 West Pilton Park, Edinburgh, 4.
4. Sighthill Health Centre, Calder Road, Edinburgh, 11.
5. Old Saughton House, Ford's Road, Stenhouse, Edinburgh, 11.
6. Hyvot's Bank School, Gilmerton, Edinburgh, 9.
7. St. David's School, West Pilton Place, Edinburgh, 5.
8. St. John's School, Hamilton Terrace, Portobello.
9. Glenvarloch School, Ivanhoe Crescent, Edinburgh, 9.
10. Firrhill M. and C.W. Clinic, Colinton Mains Road, Edinburgh, 13.
11. James Clark School, St. Leonard's Lane, Edinburgh, 8.
12. Niddrie Mains M. and C.W. Clinic, Niddrie Mains Road, Edin. 9.

Three new surgeries are nearing completion in the Firrhill and South Fort Street Maternity & Child Welfare Clinics and at Hyvot's Bank Primary School. The majority of the patients will be school children, and other clinics will be relieved of some overcrowding, and it will be possible to offer treatment to many more expectant or nursing mothers.

The Hyvot's Bank surgery will share its portable equipment with the new surgery at Firrhill for the time being, until these new building schemes bring about a demand for full-time surgeries in each area.

There will then be nineteen dental surgeries for the comprehensive treatment of school children, young mothers, and pre-school children, under the local authority health services' scheme.

In addition, provision for handicapped children has been continued by visits to the Royal Blind School and Challenger Lodge. Unfortunately the small but very old dental chair has broken down and a replacement will have to be sought.

### **Treatment :**

A total of 41,000 attendances to dental officers and 3,000 to the hygienist, were made by school children whose treatment included 26,370 fillings, 16,850 extractions and 154 partial dentures. The dentures were usually to replace one or two front teeth lost by accident, although in one case the teeth of a thirteen year old girl were so decayed that eventually she had dentures to replace all but four of her natural teeth.

A separate list, attached to the report on the Maternity & Child Welfare Service, gives details of treatment for 299 mothers and 1,057 pre-school children, showing an increase in the number of mothers who sought treatment or were referred by medical officers.

In Table V the main items of work for school children show 11,024 "Sundries," which include 7,000 teeth trimmed or polished, 1,300 impressions, 45 inlays and 18 crowns.

It should also be mentioned that 1,405 patients made 3,089 visits to the oral hygienist for minor treatment.

### **Specialist Services :**

Consultant services provided by the Regional Hospital Board are highly satisfactory. The consultant in oral surgery treated 28 cases of a complex surgical type and 51 attendances were recorded. The orthodontist supervised the completion of 162 cases and the attendances reached 365.

In July 1957, some orthodontic cases were demonstrated at the Annual Conference of the British Dental Association, in order to show the progress of an orthodontic scheme of five local authorities, including Edinburgh, working under the supervision of one specialist. The scheme, the first of its kind in Britain, attracted the attention of many delegates of other authorities.

### **Private Treatment :**

As in the previous years, attendance marks have been granted to children having treatment from private dental practitioners.

Certificates issued by the Director of Education and duly signed by dentist and headmaster numbered 807 for the year, an increase on the previous year.

## Maternity & Child Welfare :

The figures of 119 expectant and 180 nursing mothers who attended the clinics shows an increase beyond any previous year and is a favourable sign. A total of 960 pre-school children attended for 483 fillings and 945 extractions.

The returns of work are given in the report on the Maternity & Child Welfare Service.

## Conclusion :

With the gradual addition of modern equipment and suitable premises the dental services are approaching a better standard of working conditions ; and providing that the present level of staff can be maintained or raised, together with the introduction of further propaganda, there are good reasons for some improvement in the state of children's teeth.

Thanks are extended to medical, nursing, and speech therapist colleagues of the Health Services, also the many members of the teaching profession who have been interested and helpful.

## SCHOOL NURSING.

Of the 31 health visitors engaged in school health work, three are wholly occupied with treatment and specialists' clinics in the two main treatment centres and four with instruction in mothercraft in secondary schools. Of the remaining 24, 18 are engaged in school health work only and 6 in both school health and child welfare duties.

The number of children visited during the year by school nurses was 3,367 and the number of home visits paid in connection with these children was 3,073.

## INFECTIOUS DISEASES.

There were 11,456 cases absent from school on account of infectious disease. Figures for individual diseases, given below, show the heavy epidemic of rubella which prevailed in the town during the winter and spring and which was at its height in March (3,330 cases).

Diseases	Cases	Diseases	Cases
Chickenpox ...	1,176	Other Discases ...	97
Diphtheria ...	—	Poliomyelitis ...	12
Dysentery ...	342	Scabies ...	95
German Measles ...	6,934	Scarlet Fever ...	102
Impetigo ...	254	Skin Diseases ...	14
Measles ...	961	Whooping Cough ...	1,253
Mumps ...	216		

**Dysentery :** The incidence of this bacterial disease is on the increase. It is spread mainly by hand to mouth infection which often takes place in the home but may occur in school and it attacks most frequently the primary school child,



though no age is exempt. Although rarely resulting in serious ill-health, dysentery is a cause of absence from school and if cases occur in considerable number it may disrupt the work of a class or of a whole nursery or infant department. Official notification of cases often fails to show the complete picture of an outbreak, for children lightly affected are not brought by their parents to the notice of the general practitioner.

In February, 1957, attention was drawn by headmasters of certain schools in the Inch-Gilmerton area to the increasing number of children absent from school because of symptoms of dysentery and general practitioners confirmed the presence of an outbreak of that malady, affecting all ages but in particular the pupils in six of the ten schools (five primary and one secondary) in the district. The four other primary schools escaped or were only lightly affected. Forty-two children between five and fifteen years were notified by practitioners in February, twenty-eight in March, thus, during the two months, seventy children in all were absent with suspected or confirmed dysentery. The situation was discussed by the Medical Officer of Health with the local health and welfare organisation formed during a recent tuberculosis campaign by citizens of the area and its co-operation was secured. Suitable posters were placed in shops, buses and schools and an explanatory leaflet on dysentery and on the importance of hand washing was prepared and issued to the ten area schools to be taken home to their parents by the pupils. In each school the school medical officer conferred with the teaching staff and talks were given to the pupils by the school health visitors. In the six schools most heavily affected, a circular was issued to all teachers explaining the nature of the disease and its method of spread. Janitors were advised that four times daily they should wipe down with dilute " Roccal " all lavatory door handles, seats, lever or chain handles and water taps and instructions were given for the setting up of a " hand rinsing " routine which had already been satisfactorily operated earlier in the year in the nursery department of a Leith school during a localised outbreak. For hand rinsing, a plastic basin containing dilute " Roccal " and a generous number of paper towels were provided in each classroom. Under the eye of the class teacher, every child, after returning from the toilet or entering the room after a break, rinsed his hands in the solution, retained them in it for a short time and dried them on a paper towel which was then discarded.

These plans were not fully implemented until 25th March by which time the outbreak appeared to have passed its peak and school attendances were beginning to improve. Action continued until the 6th April, when the schools closed for the spring holiday, and was accompanied by a rapid decrease in the number of cases. When schools re-opened a fortnight later no dysentery was reported.

Although all the credit cannot be given to the preventive action taken, it is believed that it played a major part in securing the disappearance of the infection and if any outbreak of dysentery occurs in a school in the future the same measures will be put into effect.

## TUBERCULOSIS :

**B.C.G. Vaccination :** Immunisation of thirteen-year-old children against tuberculosis is now a routine procedure in schools of the local authority. In addition to those schools, Edinburgh has eighteen independent day and boarding

schools making provision for pupils aged thirteen years. Of these, two accepted the original offer of vaccination when it was introduced into the city in 1953 and the medical officer of a third, Moray House Demonstration School, arranged to carry out the procedure herself with material supplied through the school health service. In the winter of 1956-57, B.C.G. vaccination was again offered to the independent schools and the response on this occasion was very satisfactory. Only one refused ; four were unable to accept for the current year but asked that vaccination be provided in 1957-58, and the remaining thirteen accepted. Cordial co-operation was forthcoming from the teaching, nursing and clerical staffs of those schools.

Because of the ban on swimming which must be imposed for several weeks after vaccination, the year's programme is so planned that all the work is completed well before the opening of the summer term.

After the written consent of their parents has been obtained, children undergo a tuberculin skin test and negative reactors receive the vaccine. In previous years, the Mantoux tuberculin test has been used, but it has now been discarded in favour of the Heaf multiple puncture test, which is simpler, quicker and more acceptable to the child.

The work has been carried out by four medical officers aided by school health visitors and clerical assistants and the table in Appendix I shows the results.

Post-vaccinal inspection was carried out in all schools and no severe reactions were found.

**Tuberculin Testing of Five-year-old Pupils :** Following last year's pilot experiment, testing was done in twenty-four schools on 1,128 pupils of whom 40 (3.5 per cent.) gave a positive reaction to tuberculin. Twenty-five of these positive reactors were known to the tuberculosis service and they and their family and other contacts had already been investigated. The 15 positive reactors ascertained for the first time were examined at the Tuberculosis Dispensary and none were found to have pulmonary tuberculosis. Investigation of their family and other contacts brought to light no case of disease.

**Mass X-ray of Teachers :** Of the 2,336 teachers permanently employed by the Education Authority 2,136 accepted the scheme for annual investigation of teaching staff. For the third year, no active case of tuberculosis was found. The high proportion of acceptances (91.2 per cent.) indicates the praiseworthy sense of responsibility for the welfare of their pupils which prevails in the teaching staff. In an endeavour to raise the consent rate still higher, the Medical Officer of Health sent to each teacher a circular letter and a copy of the pamphlet, "A Word to Teachers," published by the National Association for the Prevention of Tuberculosis, but only four new acceptances were secured by this action. A letter from the Director of Education to his teaching staff asking for comments on, and suggestions for improvement of, the procedure for annual examination brought in a number of helpful replies. These gave reason to believe that more teachers would accept the scheme if current arrangements were improved in certain respects.

A detailed description of the scheme for annual examination, of the reasons for its rejection by some of the teaching staff, along with an analysis of the sex,

age and teaching duties of those teachers remaining outside the scheme will be published in the "Medical Officer".

**Mass X-ray of Pupils :** During the winter the mobile x-ray van was made available for use at individual secondary schools, while pupils in schools for the handicapped were brought by special transport to the static unit in Warriston Close. Pupils attending centres of further education also visited the static unit.

	Boys	Girls	Total
No. examined ... ..	7,628	7,474	15,102
No. found normal ... ..	7,526	7,344	14,870
No. recalled for large films ... ..	102	130	232 (1.5%)
No. of notified cases of tuberculosis ...	2	5	7 (0.04%)

The seven notified cases received treatment through their family doctors.

**Investigation of Pupils Exposed to Infection in School :** Of the 40 school children notified as cases of tuberculosis throughout the year, three were considered likely to have been a possible source of infection to their classmates and the parents of all class contacts of these pupils were advised to agree to Mantoux testing and/or mass x-ray examination.

Sixty-three class contacts were investigated but no further active cases were found.

## MEDICAL INSPECTION.

### Systematic Inspections :

In Table I details of the numbers inspected during the school session are shown under the various categories. In Table III are detailed the numbers and percentages of children who at routine medical inspection were observed as suffering from defects.

## MEDICAL TREATMENT.

### (1) Provided directly by School Health Service :—

A. Minor Ailments :—					New Cases	Attendances
(1) Cuts, bruises, sprains, minor injuries, etc.					6,377	12,808
(2) Diseases of the ear ... ..					445	2,854
(3) Diseases of the eye, excluding defective vision					717	1,663
(4) Diseases of the skin :—						
Ringworm (scalp) ... ..					13	31
Ringworm (body) ... ..					11	80
Scabies ... ..					47	154
Impetigo ... ..					511	1,542
Other diseases ... ..					792	2,018
Total ... ..					8,913	21,150
B. Doctors' Clinics ... ..					1,419	2,448
C. Sunray Treatments :—						
Pleasance Clinic—						
School children ... ..					37	340
Pre-school children ... ..					—	—
Leith Clinic—						
School children ... ..					124	1,146
Pre-school children ... ..					—	—



Sighthill Health Centre—					New Cases	Attendances
School children	...	...	...	...	28	344
Pre-school children	...	...	...	...	—	—
<b>D. Orthopædic Clinics (Physiotherapist) :—</b>						
<b>Pleasance Clinic—</b>						
School children	...	...	...	...	275	1,756
Pre-school children	...	...	...	...	19	219
<b>Leith Clinic—</b>						
School children	...	...	...	...	62	663
Pre-school children	...	...	...	...	—	—
<b>Sighthill—</b>						
School children	...	...	...	...	63	734
Pre-school children	...	...	...	...	—	—

The Roosevelt Memorial Fund, which concerns itself with the welfare of sufferers from poliomyelitis, now undertakes the cost of repair of shoes of children handicapped by this disease and who are recommended by the school health service.

#### E. Chiropodist :—

The senior occupation centre at West Fountainbridge, administered by the Further Education Service of the Education Authority, makes provision for mentally defective lads over school age. Because of their limited intelligence these young people are specially liable to leave foot discomforts and defects untreated and for this reason the work of the school chiropodist has been extended to serve the needs of the occupation centre.

Three visits were paid there during the year ; the feet of all the young people were inspected and treatment was provided for those needing it.

	Leith Clinic	Sighthill	Fountain-bridge
Children examined	1,887	676	23
Children requiring treatment	146	47	19
Children who refused treatment	26	6	—
Not yet notified	3	—	—
Children who therefore received treatment	117	41	19
Children referred by assistant school medical officers	192	76	—
Children referred from other departments	43	23†	—
Total number of new cases	352	140	19

† including 12 referred by the General Practitioners at Sighthill Health Centre.

	Primary Schools	Secondary Schools	Special Schools	Total
<b>Leith Clinic :</b>				
No. of schools inspected	1	2	1	4
Children inspected	442	1,434	11	1,887
Children requiring treatment or advice	27 (6·1%)	113 (7·9%)	6 (54·5%)	146 (7·7%)
<b>Sighthill Health Centre :</b>				
No. of schools inspected	1	—	—	1
Children inspected	676	—	—	676
Children requiring treatment or advice	47 (7%)	—	—	47 (7%)
<b>Fountainbridge :</b>				
No. of schools inspected	—	—	1	1
Children inspected	—	—	23	23
Children requiring treatment or advice	—	—	19 (82·6%)	19 (82·6%)

Of the 212 requiring treatment or advice, 71 (33·5 per cent.) were boys and 141 (66·5 per cent.) were girls.

A summary of treatment given is detailed below :—

Condition	Attendances	
	Leith	Sighthill and Fountainbridge
Skin conditions ... ..	1,947	649
Nail conditions ... ..	152	36
Bone conditions ... ..	3	2
Muscle and tendon conditions ... ..	163	95
Joint conditions ... ..	66	19
Arch conditions ... ..	55	35
Gland (e.g. hyperidrosis) ... ..	2	—
Gait and posture ... ..	1	1
Shoes etc. ... ..	36	4
Total ...	2,425	841

#### F. Immunisation :—

**Diphtheria**—4,145 children received injections of A.P.T. (of these 3,305 were reinforcing doses).

5,719 children received injections of T.A.F. (of these 5,451 were reinforcing doses).

**Poliomyelitis**—Children of school age whose parents applied for vaccination against poliomyelitis have not received this preventive treatment in school but at the two central clinics established for the purpose by the Public Health Department for both pre-school and school children. Medical officers and health visitors of the School Health Service have taken their part along with the Child Welfare Service in staffing those clinics.

#### G. Scabies :—

##### Cases and Attendances at Scabies Clinic.

Year	Age 0-5 Years	Age 5-15 Years	Age 15 Years+	All Ages	Total Attendances
1947 ... ..	114	754	214	1,082	9,868
1948 ... ..	101	577	172	850	8,412
1949 ... ..	60	359	76	495	4,858
1950 ... ..	36	251	75	362	3,455
1951 ... ..	15	95	15	125	577
1952 ... ..	14	74	8	96	510
1953 ... ..	13	56	11	80	356
1954 ... ..	19	46	18	83	313
1955 ... ..	20	65	24	109	429
1956 ... ..	17	94	43	154	508
1957 ... ..	15	113	42	170	726

#### (2) Given in School Clinics by Regional Hospital Board Specialists :—

	New Cases	Attendances
H. Dermatologist ... ..	298	516
I. Ear, Nose and Throat ... ..	523	913
Recommended for operative treatment ...		471

J. Ophthalmologists ... ..	1,523	3,908
Squint ... ..	172	487
Glasses prescribed ... ..		2,716
Glasses supplied by dispensing optician ...		1,707
K. Orthopædic Surgeon ... ..	1,038	
Number of plasters supplied ... ..	76	
Number of children admitted to Princess Margaret Rose Hospital for operative treatment and manipulation ... ..		45

In order that a full picture may be presented of the work of the specialists the clinics have now been asked to furnish a detailed statement of their activities. Not all have been able to do so for the session under review, but reports have been received from the oculists and aurists at Leith, the dermatologist and the orthopædic surgeon, and these will be found in full in Appendices III, IV, V and VI.

### (3) Carried out in Hospital :—

IN-PATIENT TREATMENT—						Boys	Girls	Total
L. In-patients discharged from the Royal Hospital for Sick Children and from children's departments of general hospitals—								
Medical ... ..						147	151	298
Surgical ... ..						418	303	721
T. & A. operation ... ..						532	564	1,096
Skin conditions ... ..						—	—	—
Orthopædic conditions (excl. Princess Margaret Rose Hospital) ... ..						9	14	23
No diagnosis ... ..						42	47	89
M. In-patients discharged from Princess Margaret Rose Hospital—								
Orthopædic conditions ... ..						55	42	97
N. In-patients discharged from the City Hospital								
Infectious diseases ... ..						95	85	180
O. In-patients discharged from Southfield Sanatorium—								
Tuberculosis ... ..						12	12	24
Total number discharged from hospitals ... ..						<u>1,310</u>	<u>1,218</u>	<u>2,528</u>

#### OUT-PATIENT TREATMENT—

P. Child Psychiatric Unit, Royal Hospital for Sick Children—referred by School Health Service ...	30
Q. Edinburgh Foot Clinic ... ..	79
R. Hearing Aid Clinic, Cambridge Street—new cases issued with aids ... ..	15
S. Orthoptic Clinic, Cambridge Street ... ..	141
T. Rheumatism Clinic, Royal Hospital for Sick Children	10
U. Royal Victoria Dispensary—Contacts ... ..	172
V. Royal Victoria Dispensary—contacts vaccinated with B.C.G. ... ..	157
W. Notified cases of Tuberculosis ... ..	40



## SPECIAL EDUCATIONAL TREATMENT.

## Number of Children in Residential Schools and Institutions :

## Blind—

Royal Blind School	...	...	...	...	...	...	24
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## Deaf—

Donaldson's School	...	...	...	...	...	...	17
St Vincent's R.C. School, Glasgow	...	...	...	...	...	...	1

## Epileptic—

Colony for Epileptics	...	...	...	...	...	...	3
David Lewis Manchester Colony	...	...	...	...	...	...	1

## Physically Handicapped—

Castlecraig, Peeblesshire	...	...	...	...	...	...	2
Challenger Lodge	...	...	...	...	...	...	15
Coltness House, Wishaw	...	...	...	...	...	...	6
East Park Home, Glasgow	...	...	...	...	...	...	2
Harpenden Diabetic Hostel, Herts.	...	...	...	...	...	...	1
Trefoil School	...	...	...	...	...	...	6
Westerlea School for Spastics	...	...	...	...	...	...	7

## Mentally Handicapped—

East Fortune	...	...	...	...	...	...	1
Gogarburn Institution	...	...	...	...	...	...	44
Larbert Institution	...	...	...	...	...	...	4
St Charles' Institution	...	...	...	...	...	...	2
St Joseph's Institution	...	...	...	...	...	...	12
Strathore Institution	...	...	...	...	...	...	9

## Maladjusted—

Craigierne	...	...	...	...	...	...	6
Hengrove School, near Tring, Herts.	...	...	...	...	...	...	1
Naemoor School, Perthshire	...	...	...	...	...	...	12
Rudolf Steiner (Aberdeen)	...	...	...	...	...	...	3
Rudolf Steiner (Garvald)	...	...	...	...	...	...	1
Tyneholme Boys' Home (Pencaitland)	...	...	...	...	...	...	1

During the summer provision was made for one diabetic girl to benefit from a fortnight's visit to one of the camps for diabetics organised by the British Diabetic Association.

## Day Schools :—

(a) **Physically Handicapped** : There are three day schools for physically handicapped children to which children are admitted on the recommendation of the school medical officer. The children on the rolls of these schools numbered 143 at the end of the school year. Details of the disabilities from which they suffered are given in Appendix VII, Table A.

For those children with handicaps so severe that they cannot attend special day schools, a service of 12 visiting teachers is provided, 7 of whom are employed whole time and 5 part time, representing a total of 10 whole time teachers.

Dr Jessie Wilson periodically reviews the children on the visiting teachers' roll, and, during the year, 96 pupils received education from visiting teachers. Details of the disabilities from which they suffered are given in Appendix VII, Table B.

Six children with cerebral palsy were educated at Westerlea School for Spastics as day pupils.

(b) **Epileptics** : Fifteen of these children receive special educational treatment in day schools for the physically handicapped.

(c) **Delicate and Convalescent Children** : 115 boys and 104 girls were admitted up to the end of March, 1957, to Middleton House Residential School, at which time the school was finally closed. The need for a residential school has decreased greatly in recent years—an indication of the increasing good health of the city's school children.

While the Education Authority, having closed Middleton House, has under consideration the acquisition of smaller premises in some suitable location to take its place, arrangements are in force with the Edinburgh Children's Holiday Fund to admit at intervals to Humbie Children's Village groups of children who in previous years would have gone to Middleton House and this arrangement makes partial provision for the delicate and convalescent. At the same time more advantage has been taken of the generosity of the Courant Fund for needy children which meets the cost of a fortnight's stay in selected families in the country or by the sea, for children recommended by the school health service.

(d) **Partially-Sighted Children** to the number of 24 are educated in Lauriston Special School—10 refractive errors and 14 other conditions. This includes 3 children from neighbouring counties.

(e) **Deaf Children** to the number of 45 are educated in Donaldson's School for the Deaf as day pupils.

(f) **Partially-Deaf Children** to the number of 99 are educated in St Giles' Special School for hard-of-hearing children. This includes 33 children from neighbouring counties.

(g) **Speech Therapy** is given in small, special classes. During the year 789 children attended for therapy ; 151 were stammerers, 11 had cleft palate and 627 had defective articulation ; 210 cases were discharged, 78 discontinued treatment or left school before treatment was completed and 501 remain on the roll to continue treatment. This is carried out by four speech therapists employed whole-time by the Education Authority. Included in the number of children who attended for speech therapy were 31 pupils of special schools.

(h) **Mentally Handicapped Children** : In the ascertainment of children requiring special educational treatment, formal testing of intelligence and of educational attainments is performed by psychologists of the Child Guidance Clinic, who communicate their findings to Dr Constance Drysdale, Dr Paul Routley and Dr Douglas Murray, the three school medical officers specially engaged in work with the mentally handicapped.

There are six day schools (one of which is an Occupation Centre with a roll of 96) and one special class—the total roll being 488.

(i) **Maladjusted Children** : Attached to Craighentenny Primary School are 3 classes providing special educational treatment for 34 maladjusted pupils,

most of whom are children under the care of the Children's Officer. The Educational Psychologist and her staff are closely concerned with the supervision of those children.

(j) **Children with two or more handicaps :** In a class attached to Craigentenny Primary School a group of 4 children with multiple handicaps receives training, being brought to and from school by special transport. These children are all blind, mentally handicapped and two are maladjusted in addition.

Handicapped pupils, who on leaving school, require after-care are referred to the appropriate voluntary organisations.

### MENTAL DEFICIENCY.

Dr Constance Drysdale and Dr Paul Routley, as certifying medical officers, carry out the ascertainment and certification of defectives of school age.

**Admission to Institutions :** 14 children were certified as defective during the year and of these 8 were admitted to Gogarburn ; 2 to Larbert ; 1 to St Joseph's ; 2 to East Fortunc ; and 1 to Lochore.

**Reports under Section 56 of the Education (Scotland) Act, 1946 :** one child, incapable of receiving education, was reported to the General Board of Control, and to the local authority which then became responsible for the provision of training, supervision and care in accordance with the particular child's circumstances and needs.

### CLASS INSPECTIONS.

At these inspections, both by medical officers and by nurses, defects of health and of cleanliness have been noted and appropriate action taken.

When children are found at class inspections to have infestation of the scalp, appropriate action is taken by the school health visitor. The numbers of those children during the past seven years are shown in the following table :—

	1950-51	1951-52	1952-53	1953-54	1954-55	1955-56	1956-57
No. inspected ... ..	54,364	49,848	56,870	50,800	60,161	61,118	55,378
No. of head cards issued ...	3,610	3,339	3,328	2,905	3,368	3,051	2,375
Percentage ... ..	6.6	6.7	5.9	5.7	5.6	5.0	4.3

### VISION TESTING OF YOUNG CHILDREN.

According to the yearly instructions of the Department of Health routine testing of the vision of every school child is carried out for the first time at the age of 7 years. Visual defects may, therefore, remain undetected throughout



the first two years of school life, and during the session an investigation was carried out into the feasibility and advisability of testing the vision of 5-year-old entrants. After trials with a number of different test cards the "Chevasse E" was selected as most suitable and 2,067 children were tested by the school health visitors either at the time of, or subsequent to, systematic inspection by the school medical officer. Of these, 1,929 (93·3 per cent.) had good vision, 127 (6·1 per cent.) fair vision (6/9 or 6/12 with the better eye), and 11 (0·5 per cent.) had bad vision (6/18 or worse in the better eye). Those with bad vision were referred to the school ophthalmologists for further examination and those with fair vision were kept under supervision by the school medical officer.

A detailed report of this investigation has been published in the "Health Bulletin" issued by the Chief Medical Officer of the Department of Health for Scotland.

### AUDIOMETRIC TESTING.

Through arrangements made by the local authorities concerned, the hearing of school children in Edinburgh and also in the counties of Berwick, East Lothian, Midlothian, Peebles, Roxburgh, Selkirk and West Lothian is tested by the audiometric service of Edinburgh Education Authority under the direction of the headmaster of St Gilcs' School for Hard-of-Hearing Pupils. The results of testing in Edinburgh schools are shown in Appendix II, Tables A and B, which have been kindly provided by the headmaster, Mr Leslie Heath, who, in describing the procedure, reports:—

"The test is individual and consists of a check on the ability of the child to hear five sounds at octave intervals at a fixed intensity. This method of rapid check to eliminate those of normal hearing is known as the Sweep Test.

Any child failing the Sweep Test is given a more detailed test known as the Threshold Test. In this test the intensity level at which the child can just hear each of the five sounds is recorded for each ear. The comparison of this, the child's threshold of hearing, is compared with the average normal threshold by the scale of intensity in use.

The scale of intensity used in hearing tests, the decibel scale, covers a range of 0 to 120 decibels. Zero decibels is the average normal threshold of hearing; 120 decibels would cause definite pain to normal ears. In normal life we are accustomed to sounds of the order of 50-60 decibels—sounds such as speech and music are appreciated only at these levels. Speech or music, as for example from a radio, would be considered too soft at 40 decibels and distinctly noisy at 70 decibels. A noisy office (with a number of typewriters), factory, or street would produce sound of the order of 70 to 90 decibels. 90 to 100 decibels is usually found to be uncomfortable to a normal ear.

Children with hearing losses in one ear only find some difficulty if the defect is of the order of 18 decibels or over. Those with defects in both ears begin to experience difficulty at 15 decibels for the better ear, and are in distinctly difficult circumstances if the better ear has defect of the order of 25-30 decibels. Normal conversation is lost to those with defects of 40-50 decibels and they would require speech to be produced within inches of the ear to hear sufficient for understanding."

After testing, children having defects of hearing are provisionally graded I, IIA, IIB, and III as recommended by the Board of Education's Committee of Inquiry into Problems relating to Children with Defective Hearing (1934) and are referred, with details of their response to testing, to the Chief Executive School Medical Officer.

Those graded I and IIA are subsequently examined by assistant school medical officers during their visits to the schools and if examination by an aural surgeon is found to be necessary it is arranged at one of the school treatment centres.

A child graded IIB or III has a severe or very severe auditory defect and may require special educational treatment urgently. To avoid delay such a case is not referred to the assistant school medical officer for investigation in school. Instead, an appointment with the school aurist is at once arranged and reports asked for from the headmaster and educational psychologist. On receipt of these and of the aurist's opinion the Chief Executive School Medical Officer is in a position to advise on special educational treatment.

### INSTRUCTION IN MOTHERCRAFT.

Mothercraft instruction in secondary schools is organised in collaboration with the Supervisor of Domestic Science and the teachers of that subject. Provision is also made in the day schools for hard-of-hearing, physically handicapped and mentally handicapped pupils.

Under the general supervision of Dr Jean Willison, four school health visitors are engaged whole time in this work and two others undertake mothercraft instruction in addition to their ordinary duties. During the session instruction was given to 1,180 children in 16 schools. The schools concerned were 5 senior secondary ; 8 junior secondary ; 1 school for hard-of-hearing ; 1 school for physically handicapped ; and 1 school for mentally handicapped children.

#### Dr Guthrie's Senior Approved School for Girls :

Following last year's successful experiment, Miss Dick again undertook mothercraft instruction in this school throughout the winter. In all, 26 girls aged 16, 17 and 18 years attended the class.

#### Saughton Prison :

At present the women prisoners in Saughton serve short term sentences of imprisonment only and it has been decided meantime to discontinue mothercraft instruction.

### MEALS.

The number of meals supplied to schools and nurseries during the year ending 15th May, 1957, was 4,052,380. The total cost involved was £323,162. The average cost per meal was 19.139d. (9.747d. for food and 9.392d. for administration). The income from payments received for meals was £125,227. Applications for provision of free meals were received from 1,293 parents or guardians ; 1,075 of these applications were granted.

## Nursery Meals.

	Nursery Schools		Day Nurseries	Total
	Corporation	Voluntary		
1950-51 ... ..	176,282	37,230	14,564	228,076
1951-52 ... ..	187,972	55,598	13,781	257,351
1952-53 ... ..	186,038	55,106	13,484	254,628
1953-54 ... ..	193,305	42,064	11,915	247,284
1954-55 ... ..	198,193	34,491	12,288	244,972
1955-56 ... ..	185,116	33,977	11,951	231,044
1956-57 ... ..	195,034	32,802	11,595	239,431

## MILK.

The Government Free Milk Scheme is in operation in all schools. Under this scheme no milk is supplied during holidays. On the average 59,649 bottles of milk were consumed daily by pupils.

## PRE-APPRENTICESHIP COURSES.

The students attending the School of Building and Crafts are all examined to see that they are fit for the occupations of their choice. In addition, those taking the painters' course are tested for colour-blindness.

Pre-nursing candidates who have passed interview are submitted to a somewhat strict medical inspection in view of the nature of their future work.

TABLE I.

Total number of children examined at :—

							Systematic Examinations
Nursery ... ..	...	...	...	...	...	...	515
5 year-olds ... ..	...	...	...	...	...	...	5,405
9    "    ... ..	...	...	...	...	...	...	6,703
13   "    ... ..	...	...	...	...	...	...	4,699
16   "    ... ..	...	...	...	...	...	...	679
Various ... ..	...	...	...	...	...	...	—
Total							18,001

Other examinations :—

Transfer Examinations ... ..	...	...	...	...	...	1,137
Vision Testing (7 years) ... ..	...	...	...	...	...	4,701
Employment of children ... ..	...	...	...	...	...	1,714
National Camps ... ..	...	...	...	...	...	2,210
Other Camps ... ..	...	...	...	...	...	108
School Journeys Abroad ... ..	...	...	...	...	...	292
Moray Sea School ... ..	...	...	...	...	...	



Special Schools (routines) ... ..	410
Nursery schools and classes (routines) ... ..	461
Re-examination of Taught at Home children ... ..	49
Vocational Guidance ... ..	372
Potato Harvesters ... ..	150
Remand Home Admits ... ..	275
Approved School Reports ... ..	100
Pre-apprentices (building) ... ..	112
Pre-apprentices (engineering) ... ..	80
Pre-nursing ... ..	56
Referred by School Welfare Officer (Annsmill) ... ..	29
*Special Cases ... ..	12,546
Re-inspections ... ..	4,279
Vision Testing (5, 6, 8, 9, 10, 11, 13 years) ... ..	5,828

\* Defects found at the examination of special cases were as follows :—

Insufficient boots ... ..	14	Mental defect or dullness ... ..	85
Insufficient food ... ..	2	Heart disease—Congenital ... ..	9
Insufficient clothing ... ..	16	Acquired ... ..	3
Neglect of medical treatment ... ..	11	Functional ... ..	1
Body or clothing dirty ... ..	68	Rheumatism ... ..	11
Vermin on clothes or body ... ..	18	Anæmia ... ..	11
Nits or vermin in hair ... ..	458	Lungs—Asthma ... ..	14
Broken-out head ... ..	114	Bronchitis ... ..	21
Skin diseases :		Suspect tuberculosis ... ..	8
Impetigo ... ..	415	Other disease ... ..	21
Ringworm of body ... ..	10	Chorea ... ..	1
Ringworm of head ... ..	2	Epilepsy—Mild ... ..	8
Scabies ... ..	33	Severe ... ..	4
Others ... ..	636	“ Nervousness,” etc. ... ..	159
General debility ... ..	310	Tuberculosis—Bones and joints ... ..	1
Defective teeth ... ..	1,657	Abdomen ... ..	—
Tonsils and Adenoids ... ..	325	Glands ... ..	1
Glandular enlargement ... ..	69	Rickets ... ..	1
Eyes—Defective vision ... ..	985	Orthopædic—Birth injury ... ..	1
Squint ... ..	185	Infantile paralysis ... ..	4
Other diseases ... ..	240	Other—Congenital ... ..	16
Ears—Deafness ... ..	365	Other—Acquired ... ..	205
Otorrhœa ... ..	146	Injuries, septic sores, etc. ... ..	2,509
Wax ... ..	159	Infectious diseases, contacts, etc. ... ..	178
Speech defect ... ..	317	Other causes ... ..	2,719
Total ... ..	12,546		

### Treatment Advised.

Number of individual children inspected at systematic examinations who were notified to parents as requiring treatment (excluding uncleanliness and dental caries) :—

Nursery ... ..	58
5-year-olds ... ..	553
9     ,,     ... ..	752
13    ,,     ... ..	483
16    ,,     ... ..	74
Total ... ..	<u>1,920</u>

TABLE II.  
Summary of Systematic Medical Examinations.

GROUP CLASSIFICATION	Nursery			5-year-olds			9-year-olds			13-year-olds			16-year-olds			Total	
	No. Exam.	Per cent.		No. Exam.	Per cent.		No. Exam.	Per cent.		No. Exam.	Per cent.		No. Exam.	Per cent.		No. Exam.	Per cent.
I. No defect ... ..	318	61.74		3,799	70.37		4,852	72.38		3,409	72.55		505	74.39		12,883	71.57
II. (a) 6/12+ (better eye) with or without glasses ...	1	0.19		17	0.32		228	3.40		184	3.91		39	5.74		469	2.61
(b) Mouth or teeth likely to cause ill-health ...	1	0.19		49	0.91		56	0.84		37	0.79		5	0.73		148	0.82
(c) Both (a) and (b) ... ..	—	—		—	—		6	0.09		8	0.17		1	0.16		15	0.08
Total ... ..	2	0.39		66	1.23		290	4.33		229	4.87		45	6.63		632	3.51
III. Temporary illness only ... ..	138	26.83		1,005	18.55		1,041	15.53		718	15.26		88	12.98		2,900	16.61
IV. (a) Cure expected by treatment ... ..	50	9.73		465	8.56		439	6.55		252	5.37		31	4.51		1,237	6.87
(b) Improvement only by treatment ... ..	7	1.30		70	1.29		84	1.21		91	1.95		10	1.49		259	1.44
Total ... ..	57	11.03		535	9.85		520	7.76		343	7.32		41	6.00		1,496	8.31
Total number of children examined ... ..	515	100.00		5,405	100.00		6,703	100.00		4,099	100.00		679	100.00		18,001	100.00

TABLE III.

## Systematic Examinations.

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls	%
Total number examined in each Age Group	293	222	2,829	2,576	3,360	3,343	2,290	2,409	321	358	18,001	100
<i>Nature of Defect :</i>												
1. Clothing unsatisfactory	—	—	15	10	6	10	4	2	—	—	47	0.26
2. Footgear unsatisfactory	—	—	12	4	16	22	4	1	—	—	59	0.33
3. Uncleanliness :												
(a) Head—												
(i) Nits	1	4	20	91	38	142	27	94	—	—	417	2.32
(ii) Verminous	1	—	6	7	4	7	3	8	—	—	36	0.20
(iii) Dirty	—	—	42	44	11	33	17	11	—	—	158	0.88
(b) Body—												
(i) Dirty	—	—	3	—	3	—	14	2	—	—	22	0.12
(ii) Verminous	—	1	2	2	—	—	—	2	—	—	7	0.04
4. Skin :												
(a) Head—												
(i) Ringworm	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Impetigo	1	—	2	1	1	14	1	10	—	—	30	0.17
(iii) Other diseases	2	1	12	11	11	18	6	12	4	1	78	0.43
(b) Body—												
(i) Ringworm	1	—	2	—	1	2	2	—	1	—	9	0.05
(ii) Impetigo	—	—	1	2	1	2	—	—	—	—	6	0.03
(iii) Scabies	—	—	—	—	—	2	—	1	—	—	3	0.02
(iv) Other diseases	9	13	78	63	68	75	75	44	16	16	457	2.54
5. Defective nutrition :												
(a) Slightly defective	5	5	79	83	122	125	83	108	2	1	613	3.41
(b) Bad	—	—	4	—	3	1	—	—	—	—	8	0.04



TABLE III—*continued.*

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls	%
6. Mouth and teeth unhealthy ... ..	1	1	131	131	116	145	96	81	6	7	715	3.97
7. Nose, Throat and Glands												
(a) Nose—												
(i) Obstruction, requiring observation	2	2	65	88	19	24	14	11	—	—	225	1.25
(ii) Obstruction, adenoids ... ..	10	4	103	87	54	49	1	1	—	—	309	1.72
(iii) Other conditions ... ..	3	7	62	47	42	58	27	14	2	3	265	1.47
(b) Throat—												
(i) Tonsils, requiring observation	21	15	146	130	91	96	14	28	—	2	543	3.02
(ii) Tonsils, requiring operation	10	8	110	108	62	56	5	8	—	2	369	2.05
(c) Glands—												
(i) Requiring observation	10	3	76	31	29	19	7	13	—	—	188	1.04
(ii) Requiring operation ... ..	1	—	1	1	—	1	—	—	—	—	4	0.02
8. Eye conditions :												
(a) External conditions—												
(i) Blepharitis ... ..	—	1	10	2	24	20	13	12	—	2	84	0.47
(ii) Conjunctivitis ... ..	1	—	2	3	3	7	7	4	3	—	30	0.17
(iii) Corneal opacities ... ..	—	—	1	—	1	—	—	—	4	—	6	0.03
(iv) Strabismus ... ..	7	4	84	81	77	73	54	36	4	8	428	2.38
(v) Other diseases ... ..	—	—	7	8	21	13	17	3	3	1	73	0.41
(b) Visual acuity—*												
(i) Good vision (6/6 in better eye) ...	—	—	—	—	2,852	2,790	1,885	1,909	277	287	10,000	82.77
(ii) Fair vision (6/9 or 6/12 in better eye)	—	—	—	—	423	438	321	401	30	58	1,671	13.83
(iii) Bad vision (6/18 or worse in better eye)	—	—	—	—	85	115	84	99	14	13	410	3.39
(c) Recommended for refraction ... ..	2	—	37	37	68	192	114	117	15	18	600	3.33
9. Ear conditions :												
(a) Diseases—												
(i) Otorrhoea ... ..	1	—	13	1	17	12	24	11	1	4	84	0.47
(ii) Other diseases ... ..	1	3	53	31	20	43	26	15	5	3	200	1.11

(b) Defective hearing— (i) Grade I (ii) Grade IIA (iii) Grade IIB (iv) Grade III	...	...	...	42	14	32	28	26	18	1	162	0.90
	...	...	...	1	1	12	3	10	7	—	37	0.2
	...	...	...	—	1	1	—	4	1	1	8	0.0
	...	...	...	—	—	—	—	1	—	—	1	0.0
10. Defective speech : (i) Defective articulation (ii) Stammering	...	...	...	59	34	23	26	16	1	—	167	0.93
	...	...	...	5	—	8	—	9	1	2	25	0.14
11. Mental and nervous conditions : (a) Epilepsy— (i) Mild (ii) Severe	...	...	...	4	—	3	1	—	19	1	28	0.16
	...	...	...	1	—	—	—	—	—	—	1	0.01
(b) Backward (c) Dull (d) M. H. (educable) (e) M. H. (ineducable) (f) Nervous or unstable (g) Difficult in behaviour	...	...	...	—	—	1	—	1	—	—	2	0.01
	...	...	...	5	8	6	5	4	—	—	30	0.17
	...	...	...	8	3	6	2	7	6	—	32	0.18
	...	...	...	—	—	—	—	—	—	—	1	0.01
	...	...	...	24	12	18	19	10	—	1	88	0.49
	...	...	...	13	4	1	—	1	1	—	22	0.12
	...	...	...	—	—	—	—	—	—	—	—	—
12. Circulatory system : (a) Organic heart disease— (i) Congenital (ii) Acquired	...	...	...	14	17	9	5	9	6	1	62	0.34
	...	...	...	3	1	2	5	8	3	—	23	0.13
(b) Functional conditions 13. Lung conditions : (a) Asthma (b) Chronic bronchitis (c) Suspected tuberculosis (d) Other diseases	...	...	...	12	4	15	14	8	3	1	59	0.33
	...	...	...	17	6	23	9	10	7	2	74	0.41
	...	...	...	4	—	2	3	2	1	1	13	0.07
	...	...	...	—	1	4	3	2	7	1	18	0.10
14. Deformities : (a) Birth injury (b) Congenital (c) Acquired (infantile paralysis) (d) Acquired (probable rickets) (e) Acquired (other causes)	...	...	...	32	18	23	13	20	7	1	121	0.67
	...	...	...	5	2	2	1	8	9	3	31	0.17
	...	...	...	33	18	35	36	23	13	3	164	0.91
	...	...	...	3	6	4	6	7	1	—	28	0.16
	...	...	...	19	16	9	5	9	6	2	89	0.49
	...	...	...	86	48	52	95	43	71	11	474	2.63
	...	...	...	20	—	—	—	—	—	—	—	—

\* 9-, 13- and 16-year-olds only.

TABLE III—continued.

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls	%
15. Tuberculosis :												
(a) Bone and joint	—	—	1	—	—	—	1	—	—	—	2	0.01
(b) Abdomen	—	—	—	—	—	—	—	—	—	—	—	—
(c) Glands	—	—	—	—	—	—	—	—	—	—	—	—
16. Infectious diseases	—	2	33	24	9	8	20	16	—	—	112	0.62
17. Other diseases or defects :												
(a) Other diseases or defects	10	9	209	140	198	153	161	102	7	14	1,003	5.57
(b) Individual children notified	46	32	357	287	419	441	339	334	50	51	2,356	13.09
(c) Notices issued	50	36	510	438	552	593	496	503	60	77	3,315	18.42

## Heights and Weights.

	Number Examined	Average Height (inches)	Average Weight (lbs.)	Average Age	
				Years	Months
Nursery—					
Boys	370	38.61	30.66	3	9
Girls	346	37.86	35.20	3	8
Infants—					
Boys	2,823	43.00	43.16	5	3
Girls	2,591	42.42	41.48	5	3
9-year-olds—					
Boys	3,521	52.14	65.53	9	6
Girls	3,427	51.76	64.38	9	6
13-year-olds—					
Boys	2,496	60.01	90.25	13	7
Girls	2,454	60.33	101.30	13	6
16-year-olds—					
Boys	257	67.46	130.75	16	8
Girls	305	63.46	125.10	16	8



**Average Heights and Weights.**  
(Height in inches; Weight in lbs.)

	1950-51		1951-52		1952-53		1953-54		1954-55		1955-56		1956-57	
	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.
Nursery Boys ...	37.47	34.86	38.18	36.18	38.60	36.79	38.37	36.15	38.86	37.23	38.61	36.63	38.61	36.66
Nursery Girls ...	37.56	34.26	37.81	35.29	38.34	35.45	37.55	34.24	38.08	35.33	38.16	35.43	37.86	35.20
Infant Boys ...	42.33	42.73	42.21	42.48	41.83	42.58	42.65	42.44	42.85	42.88	42.78	42.72	43.00	43.16
Infant Girls ...	42.07	40.87	42.17	41.00	42.02	41.04	42.20	41.10	42.39	41.43	42.43	41.38	42.42	41.48
9-year-old Boys ...	51.46	62.64	51.73	63.06	50.53	64.61	51.89	64.49	51.95	65.09	51.97	65.09	52.14	65.53
9-year-old Girls ...	51.05	61.72	51.27	62.38	51.29	62.42	51.47	63.38	51.55	63.69	51.60	63.80	51.76	64.38
13-year-old Boys	59.06	92.21	59.71	92.15	59.08	92.97	59.76	94.05	59.90	95.23	60.15	96.44	60.01	96.25
13-year-old Girls	59.83	96.79	60.18	99.16	60.38	101.75	60.16	98.78	60.20	99.22	60.29	100.48	60.33	101.30
16-year-old Boys	67.33	135.90	67.11	131.72	67.51	133.94	66.68	135.70	67.61	135.87	68.02	137.22	67.46	136.75
16-year-old Girls	62.94	121.59	63.34	123.75	63.31	123.26	63.58	124.50	63.71	125.71	63.74	124.43	63.46	125.10

TABLE IV.

Return of all Exceptional Children of School Age in the Area.

Disability	At Ordinary Schools	At Special Schools	At Hospitals or other Institu- tions	Not at School or Institu- tion	Total
1. <i>Blind</i> ... ..	—	28	—	—	28
2. <i>Partially-sighted</i> —					
(a) Refractive errors ...	—	9	—	—	9
(b) Other conditions ...	—	12	—	—	12
3. <i>Deaf</i> —					
Grade I ... ..	2,031	—	—	—	2,031
Grade II ... ..	220*	—	—	—	220
Grade IIa ... ..	1,268	—	—	—	1,268
Grade IIb ... ..	—	59	—	—	59
Grade III ... ..	—	53	—	—	53
4. <i>Defective Speech</i> —					
(a) Articulation ...	607	10	—	—	617
(b) Stammering ...	151	—	—	—	151
5. <i>Mentally Handicapped</i> —					
(a) I.Q. approx. 70-50—					
(i) Education Act ...	—	392	—	—	392
(ii) M.D. Acts ...	—	21	—	—	21
(b) I.Q. under 50—					
(i) Education Act ...	—	96	—	15	111
(ii) M.D. Acts ...	—	26	28	27	81
6. <i>Epilepsy</i> —					
(a) Mild ... ..	—	14	—	—	14
(b) Severe ... ..	—	6	—	—	6
7. <i>Physically Handicapped</i> —					
(a) Non-pulm. T.B. ...	—	16	—	1	17
(b) General Orthopædic ...	1,038	112	—	—	1,150
(c) Organic Heart Disease	—	13	—	—	13
(d) Other causes ...	—	61	—	2	63
8. <i>Multiple Defects</i> ...		Not recorded			

\* A provisional sub-grading. Further investigation required.

**TABLE V.**  
**Dental Inspection and Treatment**

	Systematic Examinations	Special and Emergency Cases	Total
1. Inspected—Age 5 years ... ..	847	493	1,340
" 6 " ... ..	1,563	543	2,106
" 7 " ... ..	1,464	666	2,130
" 8 " ... ..	1,760	697	2,457
" 9 " ... ..	2,087	803	2,890
" 10 " ... ..	2,204	669	2,873
" 11 " ... ..	1,703	553	2,256
" 12 " ... ..	1,420	468	1,888
" 13 " ... ..	1,683	440	2,123
" 14 " ... ..	980	443	1,423
" 15 " ... ..	169	247	416
" 16 " ... ..	20	41	61
" 17 " ... ..	2	12	14
Total ... ..	15,902	6,075	21,977
2. Found to require treatment ... ..	14,031	6,067	20,098
3. Number who accepted treatment ... ..	8,479	6,067	14,546
4. Number actually treated ... ..	7,398	6,067	13,465
5. Number of attendances for treatment ... ..	34,991	6,067	41,058
6. Fillings—(a) Permanent teeth ... ..	23,113	496	23,609
(b) Temporary teeth ... ..	2,386	375	2,761
7. Extractions—(a) Permanent teeth ... ..	3,639	1,413	5,052
(b) Temporary teeth ... ..	8,543	3,255	11,798
8. Number of administrations of a general anæsthetic ... ..	1,155	656	1,811
9. Other operations :			
Dressings—(a) Permanent teeth ... ..	2,544	569	3,113
(b) Temporary teeth ... ..	350	215	565
Scaling, gum treatment ... ..	1,668	166	1,834
Dentures ... ..	154	—	154
Orthodontic appliances ... ..	176	—	176
X-rays taken ... ..	690	31	721
Sundries ... ..	10,485	539	11,024
10. Half-days of—(a) Inspection ... ..	120	—	120
(b) Treatment ... ..	6,601	—	6,601
11. Number of children treated under private arrangements ... ..	807	—	807

**Return of Oral Hygienist.**

No. of School Children :			
(a) Referred for oral hygiene	...	1,405	
(b) Actually treated	... ..	1,405	
(c) Patients completed	... ..	1,196	
(d) Attendances	... ..	3,089	





## APPENDIX II.

## Results of Audiometric Testing.

TABLE A.

	Number Tested	Normal	I	IIA	IIB	Total Defective
<b>Age groups this session :</b>						
Infant admits of 1956 ... ..	3,806	3,493	174	118	21	313
Percentage of number tested ... ..		91.8	4.6	3.1	0.5	8.2
Born 1948 ... ..	4,411	3,980	307	111	13	431
Percentage of number tested ... ..		90.2	7.0	2.5	0.3	9.8
Secondary admits of 1956 ... ..	4,168	3,828	192	137	11	340
Percentage of number tested ... ..		91.8	4.6	3.3	0.3	8.2
<b>Absentees from previous session :</b>						
Infant admits of 1955 ... ..	365	340	13	7	5	25
Percentage of number tested ... ..		93.2				6.8
Born 1946 ... ..	237	210	20	7	—	27
Percentage of number tested ... ..		88.6				11.4
Secondary admits of 1955 ... ..	262	237	18	7	—	25
Percentage of number tested ... ..		90.5				9.5
<b>Additional Groups :</b>						
Cases submitted by schools ... ..	417	346	42	23	6	71
Percentage of number tested ... ..		83.0				17.0
Children previously known to be defective and retested this session ... ..	2,085	797	612	610	66	1,288
Percentage of number tested ... ..		38.3				61.7
Children previously defective but normal on one previous test, and retested this session ... ..	548	419	98	30	1	129
Percentage of number tested ... ..		76.4				23.6

TABLE B.

	I	IIA	IIB	Total
Total number of children with known defect in the City ...	2,031	1,268	220	3,519
(These figures are not the summation of the above groups since individual cases may be represented in more than one of the above groups, and additional cases exist which are not represented in the groups stated.)				

## APPENDIX III

## Oculists' Examinations at Leith Clinic January-June, 1957.

SUP.=SUPERVISION.

Year of Birth	Cases	New	Sup.	No Appreciable Error	Glasses Prescribed	No. Supplied by Dispensing Optician	No. Supplied by Supplementary Ophthalmic Services	Myopic Cases		Strabismus Cases		Astigmatism ; Hypermetropia ; Amblyopia		Advised Occlusion		Advised Orthoptic Treatment		Advised Operation (Cosmetic)		External Condition
								New	Sup.	New	Sup.	New	Sup.	New	Sup.	New	Sup.	New	Sup.	
1953	1	—	1	—	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—
1952	5	5	—	—	4	4	—	—	—	2	—	3	—	—	—	—	—	—	—	—
1951	16	15	1	5	10	10	—	4	1	6	—	9	1	—	—	1	—	—	—	1
1950	27	17	10	7	11	11	—	2	3	2	6	8	7	—	1	—	—	2	—	4
1949	38	31	7	4	25	25	—	8	2	5	2	23	5	—	—	—	—	2	—	1
1948	41	28	13	9	25	25	—	4	6	1	2	13	9	—	—	—	—	—	—	4
1947	152	96	56	37	76	76	—	23	20	5	7	56	28	—	—	—	—	1	2	1
1946	64	22	42	14	40	39	1	6	23	—	7	10	13	—	—	—	—	—	1	5
1945	49	10	39	5	31	28	3	3	14	1	4	8	18	1	—	—	1	—	—	3
1944	54	15	39	9	40	38	2	6	24	1	3	2	13	1	—	—	1	—	—	4
1943	116	55	61	8	79	75	4	30	28	1	2	25	30	—	—	—	—	—	—	2
1942	56	6	50	4	36	33	3	3	31	—	3	2	18	—	—	—	—	—	—	—
1941	7	2	5	1	6	3	3	1	4	—	—	1	—	—	—	—	—	—	—	—
1940	6	—	6	—	5	5	—	—	7	—	—	—	—	—	—	—	—	—	—	—
1939	3	—	3	—	2	—	2	—	3	—	—	—	—	—	—	—	—	—	—	—
1938	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Total	636	302	334	103	391	373	18	91	166	24	37	160	142	2	1	—	—	6	5	25



## Aurists' Examinations at Leith Clinic January-June, 1957.

SUP. = SUPERVISION.

Year of Birth	Cases		No Treatment Advised	Super-vision of T & A's	OPERATION CASES				HARD-OF-HEARING CASES								Cases X-rayed		Allergic Con-ditions		Sun-light		Breath-ing Exer-cises		Treat-ment at Clinic	
					(* indi-cates adenoids only) T & A's	Mastoids	Tym-pa-no-plasty	Eus-tachian Inflation under G.A.	Nerve Deaf-ness		Con-ductive Deaf-ness		Inflation at Clinic		Audio. Charts											
	New Sup.		New Sup.						New Sup.		New Sup.		New Sup.		New Sup.		New Sup.		New Sup.		New Sup.		New Sup.		New Sup.	
1954	1	—	—	—	*1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1953	3	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	
1952	11	2	—	—	*5 4	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	
1951	28	12	4	5	*2 19	—	—	—	1	7	4	1	—	—	—	—	—	—	—	—	—	3	1	—	—	
1950	19	14	3	4	*1 10	—	—	—	1	3	8	—	—	2	3	—	1	—	—	—	—	—	4	—	—	
1949	7	11	2	1	4	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	
1948	4	11	1	—	*1 2	—	—	—	1	2	4	8	—	—	3	4	—	—	—	—	—	—	2	—	—	
1947	29	22	10	2	13	1	—	—	1	3	4	9	—	—	3	3	—	2	3	—	1	—	1	1	1	
1946	3	18	2	—	—	—	—	—	1	—	—	14	—	—	2	2	—	—	1	—	2	—	1	5	—	
1945	2	13	—	1	1	—	—	—	—	—	4	1	8	—	1	1	1	—	—	—	—	1	1	2	—	
1944	6	18	1	2	1	—	—	—	1	—	4	16	—	—	1	2	—	2	1	—	—	1	3	6	—	
1943	5	18	2	—	—	—	—	—	2	—	1	15	—	—	1	4	—	2	1	—	—	2	1	1	—	
1942	2	13	1	—	—	—	—	—	—	—	2	7	—	—	2	1	1	2	—	—	—	—	—	—	—	
1941	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3	—	
1940	—	5	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	2	—	—	
1939	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	120	159	27	16	*10 54	—	—	—	4	5	29	97	1	3	19	22	1	11	4	5	7	4	8	19	19	

## Miscellaneous.

Year of Birth	Condition	Year of Birth	Condition
1945; 49; 53	3 Supervision and continuation of speech-therapy.	1951	3 Discharged satisfactory following T & A operation.
1945; 54	2 Cauteary of nasal septum.	1950	2 " " " " " "
1950	1 Cauteary of nasal mucosa.	1949	2 " " " " " "
1943	1 Removal of posterior end of inferior turbinates.	1949; 50	2 " " " " " "
1947	1 Supervision of vocal cords.	1949	1 " " " " " "
1950	1 Admission to St Giles' School.		and breathing exercises.
1943	1 Laryngitis—X-ray of chest and sinuses advised.	1944	1 Discharged satisfactory following T & A operation.
1951	1 Double proof puncture advised.	1949	1 " " " " " "
1940	1 Ear swab taken.	1942; 45; 51	3 " " " " " "
1946	1 Otorrhoea—to be admitted to Eastern General Hospital for aural toilet.	1944	1 " " " " " "
		1942	1 " " " " " "
		1947; 44	2 " " " " " "

## APPENDIX V.

## Children seen by Dermatologist, 1956-57.

VERRUCA		INFESTATION		INFECTION		ECZEMA	ACNE VULGARIS	MISCELLANEOUS	
Vulgaris	Plantaris	Molluscum Contagiosa	Scabies		Impetigo	'Tinea		Cyst	Callosity
180	20	10	2	6	2	Corporis	17	Adenoma	1
						Pedis		Purunculosis	1
								Granuloma	1
								Clavus	1
								Rites	1
								Nævus	4
									11

TOTAL 202 (First visits only)

## APPENDIX VI.

## Analysis of New Cases seen by Visiting Orthopaedic Surgeon.

Condition	No.
<b>Congenital Deformities :</b>	
Tibial Torsion ... ..	11
Congenital Hip Deformity ... ..	1
Congenital Calcaneo-valgus ... ..	1
Klippel-Feil Syndrome ... ..	1
Chest Deformities ... ..	1
<b>Diseases of Nervous System :</b>	
Anterior Poliomyelitis ... ..	24
Spastic Paralysis ... ..	1
Spasmodic Torticollis ... ..	1
<b>Chronic Bone Disease :</b>	
Osgood-Schlatter ... ..	1
Kohler-Friberg ... ..	5
Perthes ... ..	1
Scheurmann's Disease ... ..	2
<b>Traumatism :</b>	
Sever's Disease ... ..	3
Sprains—Ankle ... ..	1
Internal Derangement of knee ... ..	1
Tendovaginitis ... ..	3
Fractured Femur ... ..	1
<b>Static Deformities :</b>	
(a) Postural :—	
Valgus Feet ... ..	50
Scoliosis ... ..	1
(b) Structural :—	
Metatarsus Varus ... ..	2
Onychogryphosis ... ..	1
Valgus Feet ... ..	22
Cavus Feet ... ..	32
Varus Feet ... ..	6
Scoliosis ... ..	2
Malposture ... ..	33
Hallux valgus and rigidus ... ..	15
Hammer Toes ... ..	6
Metatarsalgia ... ..	1
Knock-Knees ... ..	17
Bowlegs ... ..	2
<b>Disease of Muscle or Tendon :</b>	
Fasciitis ... ..	1
<b>Exostosis ... ..</b>	<b>1</b>

## APPENDIX VII.

## Physically Handicapped Children.

TABLE A.

Disability	No.	Disability	No.
Alopecia ... ..	1	Lung Conditions :	
Cæliac Disease ... ..	2	Asthma ... ..	5
Congenital Defects :		Bronchitis ... ..	4
(a) Skeletal—		Bronchiectasis ... ..	1
Bilateral Coxa Vara ...	1	Nephritis ... ..	1
Cleft Palate ... ..	1	Nervous System—Disorders of :	
Club Foot ... ..	2	Cerebral Palsy ... ..	35
Fragilitas Ossium ... ..	1	Cerebellar Tumour ... ..	1
Hydrocephalus ... ..	1	Epilepsy ... ..	13
Meningocele ... ..	1	Poliomyelitis ... ..	6
Scoliosis ... ..	1	Perthes' Disease ... ..	2
Spina Bifida ... ..	2	Rheumatism :	
(b) Other—		Stills' Disease (Rheumatoid arthritis of	
Cretinism ... ..	2	childhood) ... ..	1
Muscular Dystrophy ...	2	Sub-acute Rheumatism ... ..	3
Myasthenia Gravis ... ..	1	Speech Defects ... ..	3
Debility ... ..	20	Tuberculosis :	
Dermatitis ... ..	2	Pulmonary ... ..	4
Enuresis and Encopresis ...	1	Hip Joints ... ..	4
Fractured Skull ... ..	1	Knee Joints ... ..	1
Heart Conditions :		Spine ... ..	5
Congenital ... ..	6	Meningitis ... ..	1
Acquired ... ..	2		
Total number of cases : 143			

## Pupils on the Visiting Teachers Roll.

TABLE B.

Disability	No.
Cerebral Palsy ... ..	12
Orthopædic Conditions, various ... ..	9
Surgical Tuberculosis ... ..	2
Hæmophilia ... ..	10
Poliomyelitis ... ..	3
Accidents, Fractures, etc. ... ..	11
Asthma ... ..	4
Dystrophy ... ..	6
Rheumatism, Chorea, etc. ... ..	12
Acquired Heart Disease ... ..	4
Pulmonary Tuberculosis ... ..	3
Epilepsy ... ..	2
Congenital Deformities, various ... ..	7
Congenital Heart Defect ... ..	12
Nephritis ... ..	4
Other Lung Conditions ... ..	2
Other Conditions ... ..	13
Total ... ..	96



# PREVENTION OF ILLNESS.

## HEALTH EDUCATION.

REPORT BY

THE SENIOR MEDICAL OFFICER FOR  
RESEARCH AND HEALTH EDUCATION.

For five years now the recurring theme of this report has been that "Health programmes can only be truly effective with the understanding, the support and the participation of the citizens." Securing this understanding, support and participation is probably the most important function of a health education section.

This year, the work of the health education section has been dominated by the planning of the x-ray campaign of March 1958, and all the preparations which that involved. The campaign was developed as a community health project along lines described in this report for 1954/55/56. The aim of this type of health education is to enlist the enthusiasm and the active working support of large numbers of well-informed citizens from all spheres of community life, so that the health programme becomes *their* programme, and not something imposed on them from above.

Members of the Health Committee have repeatedly supported this view of health education and have tried to develop previous x-ray campaigns "with the understanding, the support and participation of the citizens." In the Pilton Health Campaign of 1954, over three hundred voluntary workers carried through, with great enthusiasm, the plans of the community committee and the Health Committee. The result was the most successful short-term mass x-ray campaign seen in Britain up to that time, with just on 60 per cent. of the adult population being x-rayed. This success was repeated in Central Leith in 1955, but here the efforts of over 300 voluntary household visitors were supplemented by a prize scheme organised by the Central Leith X-ray Campaign Committee. In 1956 the community participation and the efforts of hundreds of voluntary workers in the Liberton and Portobello wards again brought success, and confirmed that a campaign, developed as a total community campaign, should bring about 60 per cent. of the citizens to the x-ray units. Indeed in the Inch area of Liberton ward where the committee and the household visitors had used an excellent system of duplicate card records as a basis for visiting and re-visiting, 73 per cent. of the Inch people were persuaded to come for x-ray.

That was the situation at the end of 1956. In 1957 a new element was introduced. In the Glasgow campaign of March 1957, which opened the two year Scottish National Anti-Tuberculosis Campaign, publicity methods, on a scale previously undreamed of, were employed, in addition to all the community methods as used in Edinburgh. The result was remarkable. Seven hundred and fourteen thousand, nine hundred and fifteen people were x-rayed in five

weeks. It was claimed that 76 per cent. of the adult population of the city had come for x-ray.

To make this possible, it had been necessary to borrow 26 x-ray units from England, Wales, Northern Ireland, the Services and the National Coal Board. With the 10 Scottish units, a total of 36 mass x-ray units visited every area of the city. Many of them were almost overwhelmed by the enthusiasm of the Glasgow people. A very experienced and influential Publicity Committee developed the greatest press, radio, television and cinema campaign that had ever been seen in Britain in any health project. Their efforts included a remarkable prize scheme with an Austin A.35 motor car as the major prize for a lucky x-ray number.

In Aberdeen an equally successful community x-ray campaign in November 1957, resulted in one hundred and twenty six thousand, five hundred and nineteen people being x-rayed. Excluding those from outside the city, it was claimed that 78.6 per cent. of the adult population were x-rayed. In Aberdeen, the household visiting was carried out by the health visitors.

Dr Horne and Dr MacQueen, the Medical Officers of Health of Glasgow and Aberdeen, have told their stories elsewhere, and these brief notes are only intended to set the stage for this introduction to the work done in 1957 in preparation for the Edinburgh campaign.

### **Preparations for the Edinburgh X-ray Campaign.**

For the 1958 x-ray campaign, the Health Committee set a target of 300,000 x-rays, or 81 per cent. of the adult population of the city. To enable Edinburgh to reach this target, the Department of Health for Scotland was ultimately able to allocate the services of twenty-seven mass x-ray units, seventeen of which were to be "borrowed" from outside Scotland's normal quota. Units were nominated from England, Wales and Northern Ireland and from the National Coal Board. To develop a publicity campaign which would keep all these units fully employed, and so reach the target, was the task facing the Public Health Department in the late spring of 1957.

### **A Total Community Effort.**

As long ago as 1954 it was suggested in the report of this section that "Participation by all members of the public health staff will be necessary if this method of keeping people away from hospitals and the curative services is to be developed as it should be." This year it gives great pleasure to acknowledge the remarkable enthusiasm which brought about the fulfilment of these hopes. Almost every member of the Corporation, the whole staff of the Public Health Department, and many officials of other Corporation departments volunteered, with several thousand ward x-ray committee members and voluntary household visitors, to work for the campaign. As a result the foundations for a successful campaign had been well laid before the end of 1957. All of this involved an enormous amount of work by many people, and, as the health education section

was only part of the larger organisation, it is considered inappropriate to report further here on this aspect of the section's publicity work during the year. A comprehensive report on the campaign is being prepared for publication elsewhere. Suffice to say that all other aspects of the health education section's work had to take second place to the preparations for the campaign, all of which is reflected in this report.

When so many have worked so hard it may be thought that none should be singled out for special thanks. Nevertheless, it would be most inappropriate if the report of the health education section made no acknowledgement of the very great amount of imaginative and enthusiastic work done during this year by the members of the Publicity Committee, called together at the invitation of the Lord Provost, and working under the chairmanship of Councillor Gracme H. Menzies and the vice-chairmanship of Mr A. C. Trotter, Editor of "The Scottish Daily Express." To all members of the committee, newspaper editors, broadcasting, television and cinema representatives, Scottish Information Office and Regional Hospital Board representatives, Corporation members and officials, grateful acknowledgement is made.

## RESEARCH IN HEALTH EDUCATION.

### An attitude Survey as a Guide to Publicity Policy.

It is the established policy of Edinburgh Public Health Department to attempt to evaluate the health education programme. In keeping with this policy and in order to give some guidance to the Publicity Committee, discussions with Professor Brotherston of Edinburgh University led up to a planned survey of Edinburgh "Public Opinion Concerning Tuberculosis" (Cartwright, A., Martin, F. M., and Thomson, J. G., Med. Off., 7th February 1957, 99, 69, 73-78). The interviewers were 20 health visitors and a small group of interviewers employed by the Usher Institute. The interviews were completed between 11th November and 13th December 1957.

It was intended that this survey should have two main purposes :

- (a) To give guidance to the Publicity Committee regarding the attitudes of different age, sex and social groups and reactions in different ward areas, and the points of information and opinion on which the greatest concentration of instruction and persuasion should be directed.
- (b) To serve as a record of public opinion, knowledge and attitudes before the campaign, against which might be measured any changes achieved by the health education and propaganda of the following three months, as revealed by a follow-up survey in May.

Certain of the findings are summarised below. It was gratifying to learn that as early as the beginning of December 1957 four out of five Edinburgh citizens stated that they had heard about the x-ray campaign and three out of four said that they intended to be x-rayed. Only 51 per cent. of those who had reached their 65th birthday thought they would come for an x-ray.

In furtherance of the first objective mentioned above the following press directive was issued to all newspapers, B.B.C. and television interests, with a request from the Publicity Committee that the objectives outlined should be given special



publicity. This press directive provides a convenient summary of the results of the attitude survey.

## “ PUBLIC OPINION CONCERNING TUBERCULOSIS ”

This survey indicated that if we are to succeed in our aim of x-raying 80 per cent. of the adult population of the city, there is an urgent need for intensive press, radio and general publicity aimed at the following objectives :

1. To persuade all those over 50 years of age that they must be X-rayed not only for their own sakes but also to make sure that their chests are healthy and that they cannot be spreading tuberculosis germs (by coughing, etc.) to their children and their grandchildren.

### Evidence :

(a) The highest incidence of infective lung tuberculosis in any age-group in Edinburgh is found amongst men over 50 years of age.

(b)	Age-group Years	Proportion expressing intention to attend for x-ray	Expressing belief in need for x-ray in own age-group
	21-34	93%	98%
	35-44	83%	92%
	45-54	76%	86%
	55-64	69%	77%
	65 and over	51%	53%
	All ages	<u>74%</u>	<u>82%</u>

2. To convince the whole community, and especially the families of older people, of the vital importance of persuading all older people that it is their duty to come for X-ray so that they can be sure that their chests are clear and that they are not coughing out tuberculosis germs to infect others.

**Evidence.**—Seventy six-per cent. of those interviewed believed that lung tuberculosis is most common amongst people between the ages of 15 and 45. Fifty-five per cent. believed that lung tuberculosis is least common over the age of 45.

3. To convince everyone in the community that lung tuberculosis is a preventable infection like smallpox or measles. It can be prevented by finding all those people who carry the tuberculosis germs around in their lungs and spread them, by coughing or spitting, to their neighbours, to their friends and, most commonly, to their own children and grandchildren. Mass x-ray will find these people, about 3 in every 1000, and will reassure the rest of us that our chests are healthy. (Mass x-ray will also reveal cancer of the lung and certain other conditions).

**Evidence.**—Only 19 per cent. of 527 people interviewed spontaneously mentioned “infection from other people” as the cause of lung tuberculosis. Thirty-nine per cent. considered that “neglected colds” were the cause; 29 per cent. gave as the cause “bad or not enough food”; 25 per cent. gave “bad housing”;



and even "fumes, air pollution or dirt" (22 per cent.) was more commonly mentioned than infection.

Even amongst the professional and managerial classes (Registrar-General's Social Classes I and II) "neglected colds" were mentioned as the cause as often as "infection."

**4. To establish the fact that tuberculosis germs may well be present in the lungs of a person who feels well and who has no symptoms, and that such a person may well be infectious.** For this reason, **everyone**—even those who feel well and have never been ill—should be x-rayed every year.

**Evidence.**—Thirty-five per cent. of all those questioned and 42 per cent. of the unskilled manual workers thought that symptomless tuberculosis was impossible.

**5. To disabuse the minds of the more well-to-do of the idea that lung tuberculosis is a disease of the slums and of the poorer classes.**

**Evidence.**—The proportions expressing the intention to attend for x-ray amongst the various social class groups were as follows :

Registrar-General's Social Class	Proportion expressing intention to attend for x-ray
I and II (Professional, Managerial, etc.)	68%
IIIc (Clerical)	87%
III (Other skilled workers)	76%
IV (Semi-skilled)	87%
V (Unskilled)	84%
All groups	74%
Those remaining at school until the age of 18	59%

**6. To convince everyone of the remarkable success of the treatment with the new drugs introduced in recent years, and to emphasise the need for early diagnosis as an aid to treatment.**

**Evidence.**—Only 29 per cent. of those questioned made any mention of drugs, pills, injections, etc. in treatment of lung tuberculosis, whereas "fresh air" was mentioned by 58 per cent., "good food" by 44 per cent., and "rest" by 32 per cent.

**7. To overcome the fear of tuberculosis which still prevents many people from going for x-ray.**

**Evidence.**—Ten per cent. of those questioned stated they would prefer not to know if they had lung tuberculosis. Thirteen per cent. stated they did not intend to be x-rayed, and a further 13 per cent. were very doubtful.

As a result of the information obtained from the survey, the Publicity Committee decided to give the press propaganda a bias towards older people and the more well-to-do areas and groups of the population.

A follow-up survey has been completed and the results of the whole survey are being analysed in order to assess the influence of personal and social factors on attendance for mass x-ray and other attitudes, the relative effectiveness of the different forms of publicity employed, and the extent of the changes in knowledge, opinion and attitudes brought about by the campaign.

## MEETINGS IN CLUBS, GUILDS, ASSOCIATIONS, ETC.

An early decision of the Public Health Department Co-ordinating Committee for the x-ray campaign was that the normal programme of health education meetings should be curtailed at December 1957, to enable all the energies of the Health Department to be thrown into the x-ray campaign and the many health education meetings which it would involve.

Up to the middle of December, and mostly in October and November, 144 meetings were organised, with an average attendance of forty. Many of these meetings took the form of discussion groups following the showing of one of the sound film strips prepared by the Central Council for Health Education. Subjects dealt with in these sound film strips included " Infant Feeding," " Mothers going out to Work," " The Care of the Elderly," " Adolescent Problems," " Atmospheric Pollution," " Mental Health," etc.

The function of the doctor or nurse at these meetings is to introduce the discussion, to provide the factual information required in the course of the group discussion, to control tactfully all irrelevant argument, and to help the group to reach their own decisions based on their own experience and on the facts brought out in the discussion.

There seems to be little doubt that people learn more easily, and reach more effective health attitudes and group decisions about health problems, as a result of group discussions under the guidance of a skilled and informed leader, than they do as a result of the more traditional method of health education through health-talks.

Furthermore, there is evidence that when a man or a woman reaches a decision about a change of health behaviour in company with others of a group, such a decision is more likely to be implemented and followed through, when it is supported by other members of the group than when it results from individual consideration.

Other health talks were supported by sound films, and several new films were in use, including " Food for Freddie," a Canadian film showing nutrition experiments in animals, and " One in Twenty Thousand," an American film dealing with the causation of lung cancer by cigarette smoking. This latter film shows, in considerable detail, a lung cancer operation which is " very strong meat " and excellent propaganda, although it must be used, very selectively, with small audiences under careful medical observation, as there have been a few cases of fainting during the operation scene.

It must be realised that to this total of 140 meetings in clubs, associations, guilds, etc., which compares with 299 such meetings last year, there must be added, 117 public meetings and training meetings organised as part of the x-ray campaign in the wards, as well as a total of over 200 ward committee meetings before and during the campaign.

## SUNDAY CINEMA MEETINGS.

The Health Committee decided that all special meetings during the winter 1957-58 should be devoted to promoting the mass x-ray campaign and that the

regular series of fortnightly Sunday evening health film shows in the large commercial cinemas should be discontinued. This was the first interruption to this programme which had been organised every year since the winter of 1946-47. In these eleven years 106 meetings were organised and the total attendance was 154,940 persons.

At these meetings almost every worthwhile health film has been shown, some of them several times over, and the Health Committee has made of these gatherings a forum or platform on which they have been able to place before the public, both at the meeting and through the press reports the following day, their policy for improvement of health in the city and what has been done to implement that policy. The importance of this aspect of these Sunday meetings cannot be too strongly emphasised.

Moreover, the audiences, consisting very largely of adolescents and very young adults, constitute a vitally important group in the community and one which we must reach and influence if we hope that they will become good health-minded parents and citizens. This opinion has been repeatedly expressed by the members of the Health Committee, who all took a very active part in the organising of these Sunday meetings.

Reorganisation of the projection, screening and sound amplification systems in most of the city's major cinemas may well prevent any resumption of these Sunday cinema meetings. In that event, the Health Committee may wish to develop an alternative method of achieving the double end of making contact with large numbers of young people of the city and, at the same time, providing the Committee with a platform from which to state its policy and publicise its work for the health of Edinburgh's citizens.

## HEALTH EDUCATION IN SCHOOLS.

In this sphere too, the x-ray campaign has prevented further progress, but the experimental scheme of health education in Ainslie Park junior secondary school, described in last year's report, has been repeated and developed by the staff of the school under the direction and encouragement of the headmaster, Mr Murchison, and the head of the science department, Dr Bowden.

It is now clear that more time must be found by the health education staff for these developments and it is certain that this work, throughout the schools of Edinburgh, could occupy the whole time of a trained health educator. Moreover, as the scheme is put into operation, school by school, the school doctor and health visitor will necessarily be interested and involved. The co-ordination and direction of the work of the teaching staff in each school will, of course, be dependent on the headmaster who may well decide, as in Ainslie Park school, that one senior member of his staff should direct the integrated scheme in the school.

It may be thought that these suggestions presuppose a degree of support from the Education Committee, the Director of Education, headmasters and teaching staff which they will be unable to give. We cannot ignore the difficulties involved, but we are convinced that no system of education for living is truly complete which does not include a comprehensive effective and interesting scheme of health education.



The time is approaching when we must consider whether health education should not, very soon, take its place in the standard educational syllabus, possibly under the more logical title "Human Biology," with full examination status. It does not seem unreasonable to suggest that "Human Biology" is at least as worthy of Higher Certificate status as Zoology and Botany, and our experience in Ainslie Park school convinces us that many children would find the scientific study of humanity at least as interesting as the study of plants and animals.

To develop the scope and effectiveness of health education, or Human Biology, in every school in Edinburgh, primary and secondary, along lines similar to those described in last year's report, will be a heavy task. It will also be a most rewarding and fruitful development.

### HEALTH EDUCATION TRAINING.

The health education courses of twenty-two lecture demonstrations for teachers in training at Moray House continues, Dr Gilloran now undertaking one of the two courses for male students. Dr Chisholm continues to deal with the female students, while Dr Mair again carried through a short refresher course in Moray House for established teachers.

The Health Committee have agreed that proposals should be formulated for a short training course, essentially for teachers, health visitors, sanitary inspectors, etc., which might lead up to the award of a Certificate in Health Education. Once again, shortage of time and staff have prevented any development in this direction. It is, however, a most important proposal.

### Health Education in the D.P.H. Course, etc.

All the work mentioned in last year's report, concerning health education training in the D.P.H. course in Edinburgh University, in the Health Visitor Training Course, in the S.C.H.E. Summer School in St Andrews, and the C.C.H.E. Summer School was continued this year.

### The International Union for the Health Education of the Public.

Under the ægis of the International Union the first edition of an International Journal of Health Education has now appeared. The International Research Committee of the Union, of which the Medical Officer for Research and Health Education is the British member, continues its work, and it is hoped that a full report will be available in 1958.

### 1957—PROLOGUE to 1958.

Much of the report for 1957 must perforce be incomplete; "Unfinished Business" must be its theme; but the full story of the x-ray campaign has been prepared and will, we hope, make interesting and useful reading in the final report of the Edinburgh X-Ray Campaign of 1958. To all who took part in that campaign and in the health education work of the department during the year our sincere thanks are due.



## PREVENTION OF HOME ACCIDENTS.

There was an increase of 165 in the number of accidents in the home reported to the department by the hospital authorities and the Edinburgh City Police during the year. As notification is incomplete, the total of 1,016 does not represent the incidence of such accidents in the city. The increase over the 1956 figure is due to a survey on home accidents organised by Glasgow University and in which the health visitors participated during the latter part of the year. There was a reduction of 11 and 20 respectively, in the number of burning and scalding accidents notified but six such accidents had fatal terminations. The number of fatalities amongst infants arising from accidental suffocation, due to the inhalation of vomited matter, was eight, a reduction of six to that recorded in 1956. This represents quite a serious loss in child life, and the health visitors make a point of stressing this danger on mothers and advising them on precautions to be observed and the vigilance necessary during the early months of infant life.

Sixteen children were reported as suffering from the effects of poisoning, and care is required on the part of the parents to ensure that dangerous substances are kept out of reach—preferably in a locked cupboard.

Apart from the individual advice and guidance given by health visitors during their routine visit, emphasis has been given to the prevention of accidents at many meetings held in the city during the year.

Table I shows the classification of accidents reported and Table II gives details of the fatal cases.

TABLE I

Home Accidents reported and investigated during 1957.

Age Groups				Fractures		Burns		Scalds		Poisoning				Cuts or Lacerations		Other		Totals	
										Gas		Other							
Sex				M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Under 7	...	...	...	32	20	23	17	25	23	—	2	8	8	90	36	46	63	224	169
7-65	...	...	...	31	32	25	20	20	30	—	—	—	1	116	90	58	85	250	258
Over 65	...	...	...	11	52	1	3	—	1	—	—	—	—	13	13	3	18	28	87
Totals	...	...	...	74	104	49	40	45	54	—	2	8	9	219	139	107	166	502	514
				178		89		99		2		17		358		273		1,016*	

\* This total includes 199 patients treated at Sighthill Health Centre.

TABLE II

## Deaths from Accidents in the Home during 1957.

Age Groups				Fractures		Burns		Scalds		Poisoning				Acciden- tal Mechani- cal Suffoca- tion		Other		Totals	
										Gas		Other							
Sex				M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Under 1	...	...	...	—	—	—	—	—	—	—	—	7	1	—	—	7	1		
1-5	...	...	...	1	—	—	—	—	—	—	—	1	1	—	—	2	1		
5-45	...	...	...	1	—	—	—	—	—	3	1	—	—	1	—	5	1		
45-55	...	...	...	—	1	—	—	—	—	1	2	1	—	—	—	2	3		
55-65	...	...	...	1	2	—	1	1	—	2	6	—	—	—	—	4	9		
65-75	...	...	...	1	5	—	—	—	—	2	—	—	—	—	—	3	5		
75-85	...	...	...	10	34	1	—	—	1	1	6	—	—	—	—	12	41		
Over 85	...	...	...	5	20	—	1	1	—	2	2	—	—	—	1	—	9	23	
Totals	...	...	...	19	62	1	2	2	1	11	17	1	—	9	2	44	84		
				81		3		3		28		1		11		1		125	

## FIREGUARD LOAN SCHEME.

This scheme, organised by the Home Safety Committee of the Edinburgh Accident Prevention Council and with the financial support of the Health Committee has now been functioning smoothly for over seven years and by the end of 1957, 2,350 fireguards were out on loan in the city as against 2,150 in December, 1956. During the year, 662 guards were issued or re-issued. Out of that number six were loaned to aged or handicapped persons. These fireguards were delivered by means of the department motor vans.

The waiting list at the close of the year was 407 compared with 279 at the corresponding period last year.

## PREVENTION OF TUBERCULOSIS.

A further reduction in the recorded incidence of tuberculosis in Edinburgh can be reported for 1957, and this has continued from 1955, which saw the reversal of the post-war upward trend.

The notification rate for respiratory tuberculosis fell from 129 per 100,000 to 90 per 100,000 but owing to some areas of Scotland having been covered by the intensive national mass radiography campaign, and others not, it is difficult to assess how this rate stands in relation to other centres of population.

The death-rate from all forms of tuberculosis fell from 11 per 100,000 to 8 per 100,000 being a reduction of 2 for respiratory, (from 9 to 7 per 100,000) and 1 for non-respiratory, (from 2 to 1 per 100,000).

As has been reported before, the death rates and notification rates are no longer the indices of the amount of tuberculosis in an area that they were in the past. Some indication of the prevalence of tuberculosis infection can be got from the results of tuberculin testing. The percentage of positive reactors in school-leavers tested with a view to B.C.G. vaccination has been falling steadily as can be seen by the following :

Year of testing ... ..	1954	1955	1956	1957
Year of birth ... ..	1940	1941	1942	1943
No. offered Tuberculin testing ... ..	5,019	4,816	5,189	5,888
No. accepting ... ..	4,144	3,892	4,446	5,101
No. tested ... ..	3,807	3,732	4,124	4,701
No. positive reactors ... ..	1,163	908	829	884
Percentage positive reactors ... ..	30.5	24.3	20.1	18.8
„ „ „ (Scotland) ... ..	37	32	28	*

\* Not yet available.

It will be seen that the decline in Edinburgh is more than keeping pace with the average for Scotland.

Tuberculin testing of five-year-old school entrants was carried out in 24 schools, 1128 pupils being tested, of whom 40 (3.5 per cent) gave a positive reaction. Twenty-five of those positive were known to the tuberculosis services and their family and contacts had already been investigated. The other 15 positive reactors were examined at the Chest Clinic (Royal Victoria Dispensary) and none was found to have respiratory tuberculosis. Investigation of family and other contacts brought to light no case of tuberculosis.

### Respiratory Tuberculosis.

The number of new notifications of confirmed respiratory tuberculosis was 418, a decrease of 185 from last year. This gives a notification rate of 90 per 100,000 as compared with 129 per 100,000 in 1956. Of the 418 new cases, 239 were males and 179 females—a decrease of 126 males and 59 females. In 1956 there was an increase in male notifications but the decrease in 1957 has been sufficient to bring it below the 1955 figure. The incidence in females in 1957 shows less of a “peak” in any one age group and approaches the male pattern of a “plateau” over several age groups.

Information about the methods by which they were discovered is known in 410 of the 418 new patients. Symptom group examination gave the greatest yield with 289 cases (70 per cent.), then mass miniature radiography of the general public 77 (19 per cent.), contact group 32 (8 per cent.) and others 12 (3 per cent.).

Deaths numbered 34 being 8 fewer than last year and giving a rate of 7 per 100,000. With one exception all the deaths occurred in persons aged over 35 years. There were 27 males and 7 females compared to 29 males and 13 females the previous year. Seven of the patients who died were notified only at or after death and their ages ranged from 60 to 83 years.

The number on the respiratory tuberculosis register at the end of the year had increased by 70 males and 20 females to a total of 5,391 (2,880 males, 2,511 females).

A census taken on 31st December 1957 showed that there were 47 known sputum positive cases not in hospital.

### **Non-respiratory tuberculosis.**

The number of new notifications was 50 (13 males, 37 females) being a decrease of 12 males and 1 female from 1956 and giving a notification rate of 11 per 100,000 compared to 13 per 100,000 in 1956.

Deaths numbered 3 (2 males and 1 female) a decrease of 5 from 1956, giving a death-rate of 1 per 100,000 (2 per 100,000 in 1956). Unfortunately one was a case of meningitis in a boy aged 2 years. The other two were a male aged 79 years and a female aged 90 years.

The number on the non-respiratory tuberculosis register at the end of the year was 622 (246 males, 376 females) being a decrease of 13 males and an increase of 3 females.

### **Tuberculosis Register.**

Additions to the tuberculosis register have again been in excess of removals, with the result that there has been an increase of 80 over the 1956 figure, bringing the total at the end of 1957 to 6,013 (3,126 males, 2,887 females).

### **Health Visiting.**

The number of health visitors remained at 14 and during the year they paid 19,178 visits to 5,322 notified cases of tuberculosis and 5625 visits to others. In addition there were 5,375 "no access" visits. As mentioned in previous reports their work in connection with the examination of occupational contacts still lacks the support of reasonable on-the-spot facilities for chest x-ray. It had been hoped to overcome this difficulty by the Corporation purchasing a small mobile and transportable mass miniature radiography unit. However, the Department of Health for Scotland would not agree that this was a grant-earning function of a local health authority.

### **Laundry.**

Twenty-four households received help from the laundry service. Disinfection of the laundry was first carried out at the Disinfecting Station and thereafter



laundered under contract by a local firm, transport being supplied by the Public Health Department. The average weekly number of households assisted in this way was 13 and articles laundered totalled 7,734.

### Other aspects of Tuberculosis.

X-ray of pupils	...	...	...	School Health Service Report, page, 83.
X-ray of teachers	...	...	...	„ „ „ „ page, 82.
Tuberculin-testing of pupils	...	...	...	„ „ „ „ page, 82.
B.C.G. Vaccination	...	...	...	„ „ „ „ page, 81.
Disinfection, see page 147.				

### Attendances at Chest Clinics.

During 1957 there was a decrease of 2,091 in the number of attendances at the Royal Victoria Dispensary. Figures of attendances for the past ten years are given :—

Year	Attendances	Year	Attendances
1948	27,505	1953	37,588
1949	34,574	1954	28,564*
1950	36,896	1955	31,361*
1951	38,261	1956	31,689*
1952	36,761	1957	29,598*

\* Does not include patients and contacts who returned for tuberculin test readings,

Details of attendances at the peripheral out-patient clinics for the year are given below :—

Royal Victoria Hospital	...	...	...	1,410
City Hospital	...	...	...	1,992
Northern General Hospital	...	...	...	3,241
Southfield Hospital	...	...	...	276
M.O.P.D., Royal Infirmary	...	...	...	716
S.M.M.P.	...	...	...	117
				<hr/> 7,752
Royal Victoria Dispensary	...	...	...	29,598
				<hr/>
Total Attendances at Clinics	...	...	...	<u>37,350</u>

### Hospital Admissions.

Of the 418 patients notified during the year 235 were admitted to hospital, a higher percentage than last year.

## Hospital Bed Accommodation.

Hospital	Male	Female	Children	Total
City Hospital ... ..	96	74	..	170
Royal Victoria Hospital ... ..	52	38	..	90
Southfield Hospital ... ..	30	36	22	88
East Fortune * ... ..	46	14	7	67
Totals ... ..	224	162	29	415

\* No specific allocation of beds for Edinburgh patients—figures given represent beds occupied by Edinburgh patients at 31st December, 1957.

## Housing.

During the year 128 families were rehoused under the Corporation's priority scheme for tuberculosis patients, as against 175 in 1956. At 31st December, 1957, 116 families in categories I and II were awaiting rehousing, three less than at the same date in 1956.

The following table shows the type of house occupied by the 418 cases of respiratory tuberculosis notified during the year :—

1 Roomed House	2 Roomed House	3 Roomed House	4 Rooms and Over	Lodging Houses	Institutions, Etc.	Total
34	93	136	138	11	6	418

## B C.G. Vaccination

B.C.G. vaccination is still limited to three classes of persons, namely contacts, school-leavers and others at special risk such as nurses and medical students. There has been an increase in the number of B.C.G. vaccinations in all classes. During the year 9,832 were tuberculin tested (6,574 in 1956) and of this number 6,242 were found to be negative (4,611 in 1956). The number vaccinated was 6,181, an increase of 1,395 over the 1956 figure. The following table gives details in the form rendered to the Department of Health for Scotland each year :—

Category	Tuberculin Tested		Negative Reactors		Vaccinated during 1957 *	
	M.	F.	M.	F.	M.	F.
Nurses ... ..	22	763	4	231	8	267
Medical Students ... ..	1,548	702	341	229	271	187
Contacts ... ..	626	630	469	449	496†	455†
School leavers ... ..	2,798	2,743	2,278	2,241	2,260	2,220
New-born babies ... ..	...	...	...	...	...	...
Others ... ..	...	...	...	...	7	10
Totals ... ..	4,994	4,838	3,092	3,150	3,042	3,139
	9,832		6,242		6,181	

\* Including vaccinations where the tuberculin tests were carried out in the previous year.

† Includes 26 males and 17 females (new born babies) vaccinated at Willowbrae House.

### Tuberculosis Death Rates in Scotland.

The death rates quoted below, which are taken from the Registrar-General's preliminary statement for 1957, enable a comparison to be made with Edinburgh and other large centres of population in Scotland.

Town	Death rate per 1000		Town	Death rate per 1000	
	Respiratory Tuberculosis	All forms of Tuberculosis		Respiratory Tuberculosis	All forms of Tuberculosis
Glasgow ... ..	0.24	0.26	Paisley ... ..	0.24	0.25
Edinburgh ... ..	0.07	0.08	Greenock ... ..	0.27	0.27
Dundee ... ..	0.09	0.11	Motherwell & Wishaw	0.15	0.15
Aberdeen ... ..	0.05	0.06	Clydebank ... ..	0.14	0.16

SCOTLAND :—Respiratory T.B., 0.13 ; All forms 0.14.

### RESPIRATORY TUBERCULOSIS.

The number of confirmed new cases notified during the year was 418, a decrease of 185 from the previous year. In the table below the cases are allocated to municipal wards.

	Notifi- cations	Rate per 1000		Notifi- cations	Rate per 1000
1. St Giles ... ..	35	1.7	15. St Andrew's ... ..	11	0.7
2. Holyrood ... ..	15	0.9	16. Broughton ... ..	13	0.7
3. George Square ... ..	21	1.4	17. Calton ... ..	16	0.9
4. Newington ... ..	17	0.8	18. West Leith ... ..	13	0.8
5. Liberton ... ..	27	1.0	19. Central Leith ... ..	20	1.0
6. Morningside ... ..	10	0.6	20. South Leith ... ..	21	1.0
7. Merchiston ... ..	7	0.5	21. Craigentinny ... ..	26	1.1
8. Colinton ... ..	13	0.7	22. Portobello ... ..	12	0.5
9. Sighthill ... ..	19	0.7	23. Craigmillar ... ..	21	1.1
10. Gorgie-Dalry ... ..	18	0.9	Institutions and Military		
11. Corstorphine ... ..	17	1.0	Quarters ... ..	15	...
12. Murrayfield-Cramond	10	0.6			
13. Pilton ... ..	28	1.0			
14. St Bernard's ... ..	13	0.6			
			Total ...	418	0.90

The deaths and death-rates in municipal wards are shown in the following table. The total deaths numbered 34 as against 42 in 1956.

### Deaths and Death Rates in Municipal Wards of the City.

No.	WARDS	No. of Deaths	Rate per 1000	Sex		Age-periods															
				M	F	Under 15 years		15 and under 20 years		20 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 yrs. and upwards	
						M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	St Giles ...	3	0·15	2	1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	..
2	Holyrood ...	1	0·06	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
3	George Square ...	2	0·13	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
4	Newington ...	1	0·05	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
5	Liberton ...	2	0·07	2	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
6	Morningside ...	1	0·06	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
7	Merchiston ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8	Colinton ...	2	0·11	1	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
9	Sighthill ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10	Gorgie-Dalry ...	2	0·10	2	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
11	Corstorphine ...	1	0·06	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
12	Murrayfield and Cramond ...	1	0·06	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
13	Pilton ...	3	0·11	3	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
14	St Bernard's ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
15	St Andrew's ...	3	0·19	2	1	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...
16	Broughton ...	1	0·06	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
17	Calton ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
18	West Leith ...	1	0·06	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
19	Central Leith ...	1	0·05	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
20	South Leith ...	2	0·10	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...
21	Craigentinny ...	4	0·17	3	1	...	...	...	...	...	...	...	...	1	...	...	5	...	...	...	1
22	Portobello ...	1	0·05	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
23	Craigmillar ...	1	0·05	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
	Institutions and Military Quarters ...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
	Totals ...	34	0·07	27	7	...	...	...	...	...	...	...	1	4	2	7	1	9	1	7	2

### Patients Treated in Tuberculosis Hospitals during 1957.

Patients		Remained at 1st Jan. 1957	Admitted During Year	Discharged During Year	Died in Hospital	Remaining at 31st Dec. 1957
Adults	Male ...	195	371	430	29	107
	Female ...	60	206	240	6	20
Children	Male ...	37	20	21	—	36
	Female ...	4	15	16	—	3
Totals ...		296	612	707	35	166



## NON-RESPIRATORY TUBERCULOSIS.

Notifications of non-respiratory tuberculosis numbered 50 as compared with 63 in the previous year. The number of deaths (3) was five less than in 1956. The following is a record of notifications and deaths since 1943:—

Year	Glands		Abdomen		Meninges and Central Nervous System		Lupus		Genito-Urinary		Spine		Other Bones and Joints		General Tuberculosis, etc.		Total (All Non-Pulmonary Forms)		Rates per 100,000 of Population	
	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Incidence Rate	Death Rate
1943	29	...	18	0	33	27	3	...	5	5	20	4	28	2	2	15	150	64	36	15
1944	41	3	13	5	27	21	1	1	4	4	21	3	25	1	3	9	151	47	36	11
1945	38	3	16	10	32	35	5	1	3	8	19	11	18	4	2	2	143	76	34	18
1946	28	3	18	4	28	31	4	...	6	4	19	5	10	5	1	7	133	59	29	13
1947	23	...	22	6	24	24	2	...	6	1	14	6	21	3	19	8	131	48	27	10
1948	30	...	20	4	23	21	3	1	6	1	19	2	24	4	6	4	131	37	27	8
1949	34	2	15	4	21	6	1	...	9	1	25	4	22	2	4	2	131	21	27	4
1950	30	1	15	3	20	11	3	...	9	4	15	...	14	2	8	1	114	22	23	5
1951	8	...	0	2	13	7	...	...	10	...	20	3	17	2	4	2	81	10	17	3
1952	15	2	0	2	14	6	...	...	12	3	16	3	27	2	7	...	100	18	21	4
1953	25	...	4	1	13	3	3	...	16	2	17	2	30	2	2	1	110	11	23	2
1954	20	1	7	...	11	2	3	...	17	2	9	2	14	...	3	...	84	7	18	1
1955	27	1	8	...	4	2	1	...	8	1	6	2	11	...	15	2	80	8	17	2
1956	18	1	4	...	1	1	...	...	20	1	2	2	14	1	4	2	63	8	13	2
1957	19	1	4	1	...	1	...	...	10	...	4	...	6	...	7	...	50	3	11	1

### Deaths from Tuberculosis.

(Showing the period elapsing between notification or intimation and death.)

	RESPIRATORY		NON-RESPIRATORY	
	Males	Females	Males	Females
<b>Number of persons who died from tuberculosis :—</b>				
Not notified or notified only at or after death	7	...	1	1
Notified less than 1 month before death ...	1	1	1	...
„ from 1 to 3 months before death ...	2	...	...	...
„ from 3 to 6 months before death ...	...	...	...	...
„ from 6 to 12 months before death ...	1	1	...	...
„ from 1 to 2 years before death ...	2	2	...	...
„ over 2 years before death ...	14	3	...	...
<b>Totals ... ..</b>	<b>27</b>	<b>7</b>	<b>2</b>	<b>1</b>

## Respiratory Tuberculosis Notifications.

Year	Under 15 years		15-25 years		25-35 years		35-45 years		45-55 years		55-65 years		65+ years		TOTALS			Incidence Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
Average 1941-45	23	23	71	102	57	65	57	26	38	12	30	8	12	7	255	243	531	126
1946 ...	21	14	71	110	84	65	57	36	57	10	33	6	18	10	341	251	592	129
1947 ...	28	20	0	131	68	74	67	32	42	10	44	7	15	8	324	282	606	125
1948 ...	40	42	0	121	72	75	46	32	60	12	33	5	26	9	357	296	653	124
1949 ...	44	26	8	144	67	64	68	34	44	18	39	7	21	7	361	300	661	135
1950 ...	42	64	85	138	56	71	54	25	49	11	39	12	19	12	348	333	661	139
Average 1946-50	35	33	75	129	69	70	59	32	50	12	38	8	20	9	346	293	639	132
1951 ...	31	52	74	122	59	64	60	28	43	12	40	11	21	12	328	301	629	135
1952 ...	59	48	73	134	71	92	63	31	59	12	39	9	22	10	386	336	722	152
1953 ...	59	73	90	119	67	95	59	44	83	22	42	9	26	9	426	371	797	169
1954 ...	75	71	90	144	62	87	55	44	55	21	55	6	24	11	416	384	800	170
1955 ...	33	53	63	103	55	68	50	49	63	22	56	9	23	9	343	295	638	136
Average 1951-55	51	56	78	124	63	81	57	39	61	18	46	9	23	10	380	337	717	152
1956 ...	35	27	53	77	59	51	53	45	80	20	51	11	34	7	365	238	603	129
1957 ...	24	25	49	39	38	39	27	46	45	16	38	8	18	6	239	179	418	90

## Respiratory Tuberculosis Deaths.

Year	Under 15 years		15-25 years		25-35 years		35-45 years		45-55 years		55-65 years		65+ years		TOTALS			Death Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
Average 1941-45	4	7	19	43	24	36	31	20	28	10	27	7	14	8	147	131	278	65
1946 ...	7	4	23	49	22	32	31	14	43	6	27	5	18	11	171	121	292	64
1947 ...	9	10	15	46	25	40	33	31	33	6	36	4	20	6	171	143	314	65
1948 ...	8	11	22	41	31	33	21	24	44	10	21	5	19	11	166	135	301	62
1949 ...	3	6	23	44	17	38	20	16	28	10	33	2	19	5	149	121	270	55
1950 ...	1	3	7	29	23	29	24	12	35	10	29	9	18	8	137	100	237	48
Average 1946-50	6	7	18	42	24	35	27	19	36	8	29	5	19	8	159	124	283	59
1951 ...	2	...	8	12	9	10	9	9	23	5	21	10	22	7	94	62	156	33
1952 ...	3	3	8	11	9	6	9	5	25	3	13	6	15	9	82	43	125	26
1953 ...	...	1	3	3	6	10	15	4	16	6	23	4	15	3	78	31	109	23
1954 ...	...	1	1	4	4	4	6	4	13	7	11	6	10	8	54	34	88	19
1955 ...	...	1	...	3	3	5	4	2	4	3	5	4	13	2	29	20	49	10
Average 1951-55	1	1	4	7	6	9	9	5	16	5	15	6	17	6	67	38	105	22
1956 ...	...	...	...	...	2	3	...	4	7	...	11	2	9	4	29	31	42	9
1957 ...	...	...	...	...	...	1	4	2	7	1	9	1	7	2	27	7	34	7

## Non-Respiratory Tuberculosis Notifications.

Year	Under 15 years		15-25 years		25-35 years		35-45 years		45-55 years		Over 55 years		TOTALS			Incidence Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
Average 1941-45	35	30	13	23	6	14	5	8	7	12	5	5	71	92	163	38
1946 ...	36	24	12	18	6	12	2	4	4	5	6	4	66	67	133	29
1947 ...	25	26	10	21	9	8	3	13	4	3	4	5	55	76	131	27
1948 ...	34	18	11	23	7	9	3	5	3	3	5	10	63	68	131	27
1949 ...	22	18	12	22	7	14	3	9	5	4	4	11	53	78	131	27
1950 ...	22	23	14	15	8	10	2	6	3	6	2	3	51	63	114	23
Average 1946-50	28	22	12	20	8	10	2	7	4	4	4	7	58	70	128	27
1951 ...	12	16	7	13	3	6	3	2	3	5	3	8	31	50	81	17
1952 ...	12	15	13	13	6	10	6	2	6	7	2	8	45	55	100	21
1953 ...	11	13	8	16	9	15	9	5	5	5	6	8	48	62	110	23
1954 ...	13	14	9	12	7	8	3	6	1	3	...	8	33	51	84	18
1955 ...	9	5	2	17	7	11	4	6	2	5	7	5	31	49	80	17
Average 1951-55	11	13	8	14	6	10	5	4	3	5	4	7	38	53	91	19
1956 ...	3	3	5	13	3	7	6	5	3	5	5	5	25	38	63	13
1957 ...	1	1	5	15	3	10	...	4	...	1	4	6	13	37	50	11

## Non-Respiratory Tuberculosis Deaths.

Year	Under 15 years		15-25 years		25-35 years		35-45 years		45-55 years		Over 55 years		TOTALS			Death Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
Average 1941-45	15	15	2	10	2	3	1	2	2	3	5	5	27	38	65	16
1946 ...	11	17	6	1	5	2	1	3	4	2	3	4	30	29	59	13
1947 ...	10	9	4	3	1	4	1	4	3	2	5	2	24	24	48	10
1948 ...	13	7	1	6	1	1	...	...	1	...	3	4	19	18	37	8
1949 ...	1	2	1	3	1	2	...	1	3	1	1	5	7	14	21	4
1950 ...	2	5	1	2	1	...	1	2	2	1	4	1	11	11	22	5
Average 1946-50	7	8	2	3	2	2	1	2	3	1	3	3	18	19	37	8
1951 ...	1	7	1	2	1	...	1	2	2	1	4	1	7	9	16	3
1952 ...	...	2	...	...	...	...	3	...	1	1	2	1	6	12	18	4
1953 ...	2	...	...	2	1	1	2	...	2	1	1	6	7	4	11	2
1954 ...	...	...	...	...	...	1	1	1	2	...	1	1	4	3	7	1
1955 ...	...	1	1	...	...	1	...	1	...	...	1	3	2	6	8	2
Average 1951-55	1	2	1	1	1	1	1	1	1	1	2	2	5	7	12	2
1956 ...	...	...	1	...	...	...	1	1	...	...	1	4	3	5	8	2
1957 ...	1	...	...	...	...	...	...	...	1	...	...	1	2	1	3	1

Number of Persons in the City at 31st December, 1957,  
who were known to be suffering from Tuberculosis.

	Under 15 years	15-25 years	25-35 years	35-45 years	45-55 years	55-65 years	Over 65 years	Totals
<b>RESPIRATORY</b>								
Males ... ..	283	474	639	522	555	296	111	2,880
Females ... ..	281	691	763	440	207	77	52	2,511
Total ...	564	1,165	1,402	962	762	373	163	5,391
<b>NON- RESPIRATORY</b>								
Males ... ..	54	66	53	36	16	8	13	246
Females ... ..	58	97	93	48	33	19	28	376
Total ...	112	163	146	84	49	27	41	622



## REHOUSING ON HEALTH GROUNDS.

Once more the arrangements have been continued whereby one in nine of all corporation houses available for letting in the city were allocated to tuberculous cases. The degree of urgency in priority was indicated by the award of either a T.B.I or a T.B.II recommendation and cases were then dealt with according to the date of the priority certificate or on the date of discharge from hospital. A certain number of cases of tuberculosis, particularly the non-pulmonary groups, were awarded priority points and were dealt with in the same way as other medical conditions.

The following table shows the number of tuberculous families in each category rehoused during the year and the number still on the waiting list at the end of the year.

	T.B. I	T.B. II	Total
Rehoused ... ..	74	55	129
Waiting list at end of year ... ..	70	46	116

## TUBERCULOSIS HOUSING.

### Category 3 (with points).

POINTS	1.	2.	3.	4.	
No. APPLICANTS AWARDED POINTS.	9	28	24	18	TOTAL 79

In connection with other diseases and disabilities, a system of awarding medical points up to a maximum of four has been in operation for the past two years. Each point represents a three month period on the waiting list and the number of points awarded depends upon the nature of the disability with due consideration given to the urgency of individual cases. Unfortunately, only the homeless and the overcrowded families can benefit directly from this scheme, the points awarded to other categories who submit medical certificates and may well be thoroughly deserving cases merely being used as grounds for an exchange.

A severely restricted number of cases can be dealt with by the award of a Medical I priority which must of necessity be very limited in application. Such an award is usually made in respect of persons who may, because of their condition, endanger the health of the community or whose disability in their present living conditions is seriously handicapping their own life and that of others.

Transfers and exchanges of house were recommended throughout the year if supported by a medical certificate.

The total number of applications submitted during the year was 1,023. Of these, 19 were referred to the tuberculosis section and 311 were transfers or exchanges. The following is an analysis of the remaining 693 applications :

Number of applications	No priority	Points recommended				
		Med. I	1	2	3	4
693	253	9	158	166	61	46
(100%)	(36.5%)	(1.4%)	(22.8%)	(23.9%)	(8.8%)	(6.6%)

## PORT HEALTH SUPERVISION.

Medical inspection duties at the Port of Leith have remained at a markedly low level throughout the year.

(a) Infectious disease. Any ships arriving in Leith from infected ports are almost invariably outside the incubation period of the disease in question by the time of arrival. A general finding has been that no passengers are carried and in most instances the crew have not even been ashore at the ports in question.

(b) As mentioned last year, the Home Office ruling dispensing with the medical examination of aliens on entering the United Kingdom when they intend to stay in the country for three months and over has cut immigration work to negligible proportions. However, routine attendance is carried out approximately weekly on the M.V. *Gulfoss* and the S.S. *Dryburgh*. This duty promotes friendly relationships between the immigration staff and this department.

Requests received to attend vessels coming from infected ports have as a rule been promptly complied with. Delays on the few occasions they have occurred have been solely due to the Owners or Shipping Agents failure to notify this department of the ship's arrival. In one instance it was discovered that the expected time of arrival of the vessel in question was known to the agents at 0800 hrs. and as it later transpired their first attempt to locate the Port Medical Officer was at 1830 hrs. after the ship had docked.

Generally speaking it may be said that the present curtailed service is working satisfactorily under the volume of traffic handled by the port.

# IMMUNISATION AND VACCINATION.

## DIPHTHERIA IMMUNISATION.

During the year 1957 the Public Health Department received 5,791 notifications of complete primary immunisations compared with 6,303 notified in the previous year. The immunisations were carried out as follows :—

Child Welfare Clinics	...	...	...	2,355 (2,473)	(1956 figures in brackets.)
General Practitioners	...	...	...	2,480 (2,506)	
School Health Service	...	...	...	956 (1,324)	
				<u>5,791 (6,303)</u>	

In addition to the primary immunisations, there were carried out 9,330 (10,598 in 1956) reinforcing injections of which 8,711 were done by the School Health Service.

It is estimated that at least 48 per cent. of all children under five years of age in the city have been fully protected against diphtheria. These figures relate only to children regarding whom full details of immunisation have been notified to the Public Health Department. It is known that a number of immunisations are not notified and in consequence the percentage of pre-school children protected will be higher than 48 per cent.

## DIPHTHERIA IMMUNISATION SINCE 1928.

Year	Number Protected	Non-Immunised Persons Notified	Immunised Persons Notified	Fatal Cases amongst the non-Immunised	Fatal Cases amongst the Immunised
1928	743	618	11	30	...
1929	1,194	1,105	66	53	2
1930	1,175	1,078	24	71	...
1931	560	881	20	28	...
1932	776	659	3	27	...
1933	1,940	594	12	21	...
1934	3,362	533	13	26	1
1935	3,856	306	2	16	...
1936	2,717	368	6	26	...
1937	3,440	611	11	43	...
1938	4,038	569	31	43	1
1939	2,075	338	23	29	...
1940	1,429	743	6	61	...
1941	52,386	417	29	28	...
1942	11,065	406	74	29	2
1943	4,927	317	105	14	1
1944	5,872	226	80	12	...
1945	11,550	213	149	11	2
1946	6,773	110	62	10	...
1947	6,071	40	10	2	...
1948	11,273	9	5	1	...
1949	9,093	6	1	...	...
1950	7,130	2	...	...	...
1951	7,463	...	...	...	...
1952	6,563	...	1	...	...
1953	6,564	1	...	1	...
1954	6,432	...	...	...	...
1955	6,507	1	...	...	...
1956	6,303	1	...	...	...
1957	5,791	...	...	...	...
	199,068	10,152	744	582	9

DIPHTHERIA IMMUNISATION—PROGRESS TABLE 1948-1957.

AGE	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	
Under 1 year ...	1,319	509	386	420	376	411	243	692	850	622	Number of notified immunisations of children under 5 years of age:— 17,382,  i.e., 48 per cent. of the pre-school population.  The comparative percentages from 1947 onwards are:— 1947—44 per cent. 1948—50    " 1949—51    " 1950—56    " 1951—57    " 1952—58    " 1953—54    " 1954—54    " 1955—53    " 1956—52    " 1957—48    "
1 year ...	4,564	4,010	3,597	3,948	3,566	3,494	2,872	3,418	3,043	3,146	
2 years ...	1,335	939	769	887	690	700	1,394	580	577	495	
3 "	371	319	275	252	272	286	283	198	186	154	
4 "	295	195	148	154	139	200	206	137	131	93	
5 "	1,278	635	360	507	564	552	467	409	485	334	
6 "	227	483	447	574	503	602	649	613	528	437	
7 "	78	65	68	91	58	79	62	112	90	52	
8 "	85	61	16	24	19	19	22	30	20	18	
9 "	1,076	105	69	18	18	8	23	15	8	17	
10 "	272	1,344	741	475	290	170	136	155	182	190	
11 "	27	48	54	52	33	30	27	41	23	57	
12 "	22	5	12	8	12	3	5	6	8	8	
13 "	179	56	4	6	7	1	3	6	5	5	
14 "	129	298	152	20	13	5	8	7	7	7	
15 " and over ...	16	21	32	27	3	4	32	88	160	156	
Totals ...	11,273	9,093	7,130	7,463	6,563	6,504	6,432	6,507	6,303	5,791	



## VACCINATION AGAINST SMALLPOX,

Following are the vaccinations reported to the department during 1957 :—

### Primary Vaccinations.

Year of Birth	Typical Vaccinia greatest at 7th-10th Day	Accelerated (Vaccinoid) Reaction 5th-7th Day	Greatest Reaction 2nd-3rd Day	No Local Reaction	Total
1957 ...	3,367	51	20	123	3,561
1956 ...	1,821	24	11	117	1,973
1955 ...	97	1	...	15	113
1954 ...	67	3	1	5	76
1953 ...	26	1	1	3	31
1952 or earlier	201	37	24	20	282
Totals ...	5,579 (4,622)	117 (78)	57 (26)	283 (352)	6,036 (5,078)

*1956 figures in brackets*

### Re-Vaccinations.

Typical Vaccinia greatest 7th-10th Day	Accelerated (Vaccinoid) Reaction 5th-7th Day	Greatest Reaction 2nd-3rd Day	No Local Reaction	Total
639	729	682	328	2,378

## VACCINATION AGAINST POLIOMYELITIS

From the middle of March onwards, supplies of vaccine were received at regular monthly intervals, and the protection of children registered for vaccination during 1956 (21,861) was resumed on 25th March. By October, all in this registered group (children born during the years 1947 to 1954 inclusive) had been offered vaccination, and good progress was made with the protection of children subsequently registered in the age group 1955 and 1956 and with further applications from the earlier age group.

With few exceptions, all vaccinations were carried out at the Child Welfare Centres at 221 High Street, Sighthill Health Centre and 29 Windsor Street, by the staff of the department with the assistance of a temporary staff of one assistant medical officer and three female clerks. Children were called up by appointment letter to the parents or guardians. About 1,400 letters were returned as parents had changed their address since registration and could not be traced. There were 264 cancellations and a number of deferrals for medical or other reasons. Outbreaks of rubella and influenza during the year caused some temporary difficulty with appointments, resulting in voluminous correspondence, but generally vaccinations proceeded as speedily as the vaccine supply position allowed. The number of children registered and awaiting vaccination at the close of the year, including registration for children up to 15 years of age, was 13,122 and the total amount of vaccine (excluding a supply received under the Colonial and Commonwealth Schemes) received during the period was 50,380 mls. The following table gives the number of children protected with two inoculations :—

<b>Poliomyelitis Vaccination</b>			
<i>Year of Birth</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1944	1	—	1
1945	3	1	4
1946	4	6	10
1947	2,046	2,025	4,071
1948	1,755	1,845	3,600
1949	1,799	1,764	3,563
1950	1,537	1,461	2,998
1951	647	596	1,243
1952	496	541	1,037
1953	500	483	983
1954	408	406	814
1955	250	201	451
1956	256	230	486
1957	7	1	8
Totals	9,709	9,560	19,269

In addition, 3,296 children received the first inoculation, the course to be completed early in 1958.

### Colonial and Commonwealth Schemes

By arrangement with the Colonial Office and the Commonwealth Relations Office, London, certain officials and their families proceeding abroad were vaccinated at the Public Health Department. The number vaccinated during the year was as follows :—

Colonial Scheme ... ..	75
Commonwealth Scheme ...	6
	—
	81
	—

### PERSONS PROCEEDING OVERSEAS.

In addition to the vaccinations noted above, facilities were provided at the Public Health Department for the protection of persons proceeding abroad by sea or air. These included courses of inoculation against typhoid and paratyphoid fevers, typhus fever, cholera and plague, as well as vaccination against smallpox. A total of 678 persons destined for many parts of the globe received this service and were given international certificates where they were necessary. A number of travellers preferred to be inoculated or vaccinated by their own doctors, and vaccines were supplied by the department to general practitioners on request.

The undernoted table gives a summary of the number of inoculations given at the Public Health Department during the year.

						No. of Inoculations
Smallpox ... ..	...	...	...	...	...	539
Typhus Fever ... ..	...	...	...	...	...	17
Cholera ... ..	...	...	...	...	...	216
Plague ... ..	...	...	...	...	...	...
Typhoid and Paratyphoid Fevers ... ..	...	...	...	...	...	235
Tetanus ... ..	...	...	...	...	...	10
						<u>1,017</u>

## CONTROL OF INFECTION.

### INFECTIOUS DISEASES.

The total number of notifications of infectious disease in the city for 1957 was 5,395. This compares favourably with the 1956 figure of 7,386 which, at that time was attributed to epidemics of measles and whooping cough, and the addition of food poisoning to the notifiable list. The true value of the drop in incidence of infectious disease may be more accurately appreciated by noting that the figures for influenzal pneumonia were greatly increased as a result of the Asian 'Flu epidemic of the autumn-winter months. No change has been made in the customary appended tables where the numbers are shown by age, sex, month and city wards. Under the heading of Enteric Infections, attention is drawn to a number of cases occurring in holiday-makers returned from Spain. A reminder of the advisability of immunisation with T.A.B. and C. vaccine to people contemplating travel abroad would appear to be desirable. A short note is also appended on a school outbreak of infectious hepatitis which, although not in itself a notifiable disease, is nevertheless of some importance.

The highest number of deaths from infectious disease in 1957 was attributable to influenza, totalling 58. There was one death from dysentery in an elderly patient, aged 85 years. One death occurred in the 5 to 10 year age group from whooping cough, and there were four recorded deaths from meningococcal infections.

The gastro-intestinal group of diseases, i.e. the enteric fevers, dysenteries and food poisoning, show no sign of abating. It is well known that the actual incidence is much greater than that recorded. The illness in many cases may be sufficiently brief for the patient not to seek medical advice and where such advice is sought, bacteriological examination is frequently not carried out. Indeed it is doubtful if the present bacteriological services could cope with the volume of work which would result if all cases were investigated. Many persons, therefore, must go about in a state capable of transmitting the infection. It is not surprising, therefore, that the prevalence of these diseases is on the increase. Furthermore, the importation of infected food, notably egg products contaminated with salmonellae, adds sources of infection untouched by health education adjurations "to wash your hands after using the lavatory." In particular, samples of Chinese egg products have been shown to contain types suggesting that the origin of the contamination was human excrement. The unevenness of the distribution of the organisms in a contaminated batch of a product complicates considerably sampling and testing. Communal feeding in restaurants, canteens, schools, etc., increases the opportunity for greater numbers of persons being infected and control is greatly hampered by poor sanitary accommodation and facilities, especially in some older school buildings.



## Enteric Infections

Notifications for the year comprised three cases of typhoid, one of para-typhoid A and seven of para-typhoid B.

### Typhoid :

*Case 1.*—The infection occurred in a seaman on the *Avis Bay* belonging to the Aviation and Shipping Company Limited. Shortly after leaving Bone in Algeria, the patient contracted diarrhoea and vomiting. This was treated in this country without success, while the ship was at Dagenham, and he later sailed for Freetown in Sierra Leone. Whilst in this latter port, the seaman ate a quantity of fruit obtained from the local bum-boats. On the return voyage he was relieved of his deck duties and acted as mess-steward. After leaving the ship at Grangemouth, he travelled to Edinburgh, arriving on 8th February, 1957, and was admitted to the City Hospital on the 10th. *Salmonella typhi* was recovered from faeces, and blood examination indicated that the infection probably occurred in Freetown.

*Case 2.*—This occurred in a young woman of twenty-three who had recently returned from Spain, where she and her sister had spent a holiday. The sister was unaffected.

*Case 3.*—A young Port Seton girl of  $2\frac{1}{2}$  years was admitted to the R.H.S.C. where she was found to be suffering from typhoid fever. The girl's sister had previously suffered from typhoid and was known to the county authorities.

**Para-typhoid A.** The infection was an incidental discovery in a man admitted to Leith Hospital for an eye operation. He had spent many years in the Far East and was now in the carrier state.

**Para-typhoid B.** One case occurred in a child of nine months who had been infected by her grandmother, aged 70, who was a chronic carrier. The latter was an Estonian who had a para-typhoid B infection 30 years previously.

A second case occurred in a girl of one year and nine months. No other member of the family was affected and no source was discovered.

A third case—once more a secondary finding—was a patient who was admitted to hospital for appendicectomy but found to be a Crohn's disease. Again no source was uncovered.

The remaining four cases were as follows. One was in a woman of 72 years on holiday from Inverness. A second was in a boy from Midlothian attending the Royal Hospital for Sick Children as an out-patient, and the remaining two were in young girls who had recently returned from Spain.

There are three main conclusions to be drawn from the above information. Firstly, only three of the para-typhoid B cases actually contracted their infection in Edinburgh. Secondly, the difficulty of tracing the source of infection in the sporadic case is well illustrated. Thirdly, the desirability is evident of having T.A.B. and C. inoculations prior to departure for certain Continental areas.

## Food Poisoning

A total of 203 food poisoning incidents, involving 343 cases, were investigated by the department during the year, which was the first full year since the disease became notifiable in August, 1956.

Outbreaks, family outbreaks and sporadic cases by presumed causes :—

Presumed causal agent	Outbreaks	Family Outbreaks	Sporadic cases	All incidents
Salmonellae ..			47	47
Staphylococci ..		2 (9)		2 (9)
Cl. welchii ..	1 (34)	2 (7)	1	4 (42)
Not established ..	3 (43)	34 (89)	113	150 (245)
All agents ..	4 (77)	38 (105)	161	205 (343)

Figures in brackets are number of cases.

### (a) *Salmonellae*

This still remains the most important of the known causal agents. It is of interest that there was no outbreak of salmonella food poisoning—the cases being sporadic and spread over the year.

Twenty-seven of the cases in this group were due to salmonella typhimurium. The others included *S. heidelberg* 5 ; *S. stanley* 4 ; *S. muenchen* 4 ; *S. montevideo* 1 ; *S. hessarek* 1 ; *S. bareilly* 2 ; *S. cholerae-suis* 1 ; *S. senftenberg* 1 ; *S. enteritidis* 1.

An unusual case of infection by salmonella hessarek was diagnosed in a 14-year-old boy in the Bingham district of Edinburgh. As far as is known this is the first recorded case of human infection with this salmonella type. This organism was first described by the Pasteur Institute in Paris from a specimen of the intestines of a crow found in Persia. Australian egg has since been implicated on three known occasions. The source of the Edinburgh case was not established.

### (b) *Cl. Welchii*

In December, the department investigated an outbreak of food poisoning following a Christmas lunch held in the canteen of a Government establishment. Thirty-four members of the staff suffered from gastro-enteritis but, fortunately, they all recovered within 48 hours. The bacteriological findings provided strong evidence that the outbreak was due to *Cl. welchii* contaminating the turkey or the turkey stuffing. The main contributing cause was, most likely, the method by which the turkey was cooked. Two turkeys were used—both large birds. After cooking on Friday the electric oven was turned off and the birds remained in the oven until Monday. The warm oven would have provided optimum conditions for the proliferation of *Cl. welchii*, some of which had not been destroyed by the cooking. If the birds had been removed and kept in a cool place over the week-end, it is probable that this episode would have been avoided.

## Dysentery

Dysentery notifications for 1957 totalled 912 cases, a drop of 112 on the 1956 figures. The pattern of incidence showed a rise from January to March and a decline in April, thereafter remaining low until a sharp rise in October due to an outbreak in an old persons' home.

The other cases for the year were distributed amongst schools, nurseries, children's homes and family outbreaks in the general public.

The large number of cases occurring in Liberton Ward occasioned some concern and it was decided to launch a campaign on a preventative basis. Preliminary meetings were held in March and four spearheads of attack were agreed. These were directed at the schools, the parents, the general practitioners and the general public. The media employed were posters, personal letters to parents, etc., talks and lectures, and the introduction of the "Roccal" drill to selected schools. A fuller report on this will be found on page 81.

## Weil's Disease

Three cases of Weil's disease, which is transmitted by rats, were notified to the department during 1957. The first case was in a boy of 14 years who resided in a house in a Corporation scheme. He is known to have been playing in two burns near to his house. Inspection showed slight evidence of rat infestation in the banks of these streams and measures were taken successfully to eradicate the rats.

The second case occurred in a builder's labourer—Polish in origin—who lived in sub-standard property in the Stockbridge area. No rat infestation could be found at any of the relevant building sites or in his apartments.

The third case was that of a man aged 33 years, who arrived in Edinburgh two days prior to the onset of his illness and died two days after admission to hospital. The source of infection, therefore, could not have been in Edinburgh.

## Infectious Hepatitis

Although this disease is not notifiable, its presence is felt with some impact from time to time. As is generally accepted, spread is mainly by faecal-oral route, either directly or via such media as food, milk or water. It is a virus infection for which there is as yet no specific treatment nor preventive vaccine. Nevertheless, the institution of a strict hygiene regime can successfully terminate an outbreak. In the late autumn of 1957 attention was drawn to a few cases occurring in a primary school. Further enquiry revealed a greater number and still more were notified weekly by the school health service. The outbreak was not explosive, and was obviously a case to case infection, at first barely noticeable because of the long incubation period of 15 to 40 days.

An inspection of the school buildings pointed towards the rather primitive lavatory and toilet accommodation being no deterrent to the transmission of this disease. Accordingly it was thought advisable to set up the "Roccal" antiseptic drill measures and hand-dipping routine which were used in the dysentery outbreaks. It was felt that this course of action materially contributed to the disappearance of the disease by Easter.



## Poliomyelitis

A total of seven cases has been notified throughout the year. Of these, only three cases were infected in Edinburgh. The ten years average from 1947-1956 gives a figure of 48.7 cases per year. It is impossible to state, at the moment, how far the immunisation programme for poliomyelitis may have been responsible for the marked drop in cases, as the effects can better be judged over a longer period and with the extension of immunisation to more people.

## Virus Meningitis

Out of 36 cases investigated during the year, seventeen came from Liberton ward. In two instances three members of a family were involved and in three instances two members were affected. In two other instances a second member of a family had a brief illness. The main incidence was found in the age group 5-15 years.

## Influenzal Pneumonia

As the marked rise in figures for influenzal pneumonia was a direct result of the epidemic during the Autumn, it is appropriate here to include a fuller account of its progress in so far as it affected the City of Edinburgh.

## NOTES ON INFLUENZA EPIDEMIC

*September-November 1957*

The epidemic which commenced in early September was first noticeable in school children. The peak was reached in October-November followed by a moderately slow decline, with a slight recrudescence at the beginning of December. Following the initial marked incidence in the school age groups the disease spread to encompass the younger and older groups. Latterly, the most severely affected groups were those of 45 years and over.

Two distinct clinical syndromes were in evidence during this time (*a*) upper respiratory tract (*b*) gastro-intestinal. In September the average length of absence from work or school appeared to be 3-4 days, but this steadily lengthened as the epidemic progressed.

Complications of a pneumonic nature varied enormously between medical practices and different areas of the city.

The city transport was never dislocated and absence rates were only moderately increased. Conductors had a higher incidence rate than drivers.

Corporation nursery staffs were fairly severely affected.

Factories were not involved to any great extent.

In hospitals the Royal Infirmary and the Western General suffered the greatest staff shortage, but were able to carry on.

The virus was identified by Dr. Swain of Edinburgh University as being Virus A, but no confirmatory typing was received.

The following figures reflect the progress of the epidemic :



**Figures for Schools**

September to October 1957. Absences expressed as percentages :—

Prior to epidemic, absence rate was 8%.

September	12th	17%	October	3rd	20%
"	17th	12%	"	4th	20%
"	19th	14%	"	7th	15%
"	23rd	18%	"	10th	13%
"	26th	25%	"	14th	8%
"	27th	28%	"	15th	10%
"	30th	20%			

During the period of the outbreak, approximately 60% of the school population was affected, teachers less so than pupils.

**Weekly Notifications**

<i>Date</i>	<i>Influenzal Pneumonia</i>	<i>Primary Pneumonia</i>
September 7th	—	5
" 14th	6	10
" 21st	6	8
" 28th	15	20
October 5th	80	20
" 12th	43	34
" 19th	29	25
" 26th	36	14
November 2nd	11	14
" 9th	7	10
" 16th	8	17
" 23rd	24	30
" 30th	18	18
December 7th	7	16
" 14th	7	23
" 21st	7	31
" 28th	17	18
January 4th	8	11

**Mortality****Influenza**

<i>Date</i>	<i>Sole Cause</i>	<i>Contributory Cause</i>
September 21st	—	1
" 28th	2	—
October 5th	4	—
" 12th	9	—
" 19th	5	—
" 26th	7	—
November 2nd	2	—
" 9th	2	—
" 16th	4	—
" 23rd	3	—
" 30th	2	—
December 7th	2	—
" 14th	—	—
" 21st	1	—
" 28th	1	—
January 4th	3	—

**Ministry of Pensions and National Insurance**

<i>Date</i>	<i>Edinburgh</i>	<i>Sickness Benefit Leith</i>	<i>Portobello</i>
September 3rd	860	301	132
" 10th	1113	349	173
" 17th	1181	393	165
" 24th	2446	900	284
October 1st	3417	1273	421
" 8th	3805	1307	406
" 15th	3334	1292	380
" 22nd	2435	799	296
" 29th	1840	605	210

November	5th	1388	484	193
"	12th	1556	546	194
"	19th	1892	537	211
"	26th	1875	635	213
December	3rd	1591	599	183
"	10th	1349	394	152
"	17th	1346	434	138
"	31st	2262	736	272
	(2 weeks)			
January	7th	1063	357	158

#### Emergency Bed Bureau Admissions

	<i>Primary Pneumonia</i>	<i>Influenzal Pneumonia</i>	<i>Total</i>
1st September to 11th October	—	204	204
12th October to 27th October	14	57	71

Supplies of influenzal vaccine were made available to local authorities during this period and groups of key workers were given the opportunity of availing themselves of inoculation. The groups protected included general practitioners and their receptionists, midwives, Queen's nurses, health visitors, sanitary inspectors, etc.

#### Primary Pneumonia

A total of 617 cases of primary pneumonia were recorded during the year, the main age groups affected being the under 15's and over 45's. The rise and fall of notifications closely paralleled those of influenzal pneumonia.

#### Measles

Although notifications of measles only represent the first cases under the age of five years in any household, the figures so returned exceeded those of any other notifiable disease. The tendency for epidemics to occur at two-yearly intervals is well exemplified by a figure of 1,284 notifications in 1957, as opposed to 2,631 cases in 1956.

Supplies of gamma globulin were made available to general practitioners for the avoidance or modification of attacks in debilitated children or those under six months of age.

#### Diphtheria

No case of diphtheria was notified during 1957.

#### Whooping Cough

There were 1,153 notified cases in 1957 compared to 1,731 in 1956. This again represents the biannual fluctuation in the disease. The younger age groups were mainly affected. Under one year there were 178 cases, 1-5 years showed 591 and 5-15 years exhibited 269 cases.

There was one death from whooping cough and this was in a girl of 5 years of age.

## INFECTIOUS DISEASES

The following Table shows the number of Notifications for each Month of the Year 1957 :—

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Measles ...	43	42	95	130	128	217	239	89	58	63	51	129	1,284
Whooping Cough ...	290	253	190	107	133	61	45	36	7	7	6	18	1,153
Dysentery ...	79	197	176	91	69	48	31	30	6	109	29	47	912
Pneumonia, Primary ...	83	55	47	23	35	24	21	13	56	92	76	92	617
Tuberculosis, Pulmonary ...	38	42	41	26	41	28	37	27	22	35	38	43	418
Food Poisoning ...	19	28	41	57	24	36	21	30	26	18	4	39	343
Pneumonia, Influenzal ...	3	1	1	2	2	2	...	5	48	174	58	41	337
Scarlet Fever ...	15	11	7	9	8	12	4	7	7	16	12	18	126
Tuberculosis, Non Pulmonary ...	4	5	2	1	4	12	4	6	4	4	1	3	50
Erysipelas ...	5	3	8	4	2	1	2	1	3	3	8	1	41
Cerebro-spinal Fever ...	5	6	4	1	3	1	...	1	...	2	2	5	30
Puerperal Pyrexia ...	2	4	...	...	...	...	1	1	...	...	...	...	10
Ophthalmia Neonatorum ...	1	2	...	...	1	...	2	2	1	...	...	2	8
Poliomyelitis, Acute ...	2	...	...	...	...	...	...	2	...	...	1	1	7
Paratyphoid, B ...	1	2	...	...	...	...	1	2	...	...	...	...	7
Jaundice, Acute Infective ...	...	...	...	...	...	...	...	...	1	1	...	...	3
Malaria ...	...	1	1	...	...	...	...	...	...	...	...	...	3
Typhoid Fever ...	...	1	...	...	...	...	...	2	...	...	...	...	3
Paratyphoid, A ...	...	...	...	...	1	...	...	...	...	...	...	...	1
Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...	1	...	1
*Chickenpox ...	6	4	1	1	...	1	1	5	4	1	5	12	41
Totals	596	657	614	452	451	443	410	257	243	526	295	451	5,395

\* Not notifiable.

## INFECTIOUS DISEASES.

Return of Cases of Infectious Disease notified during the Year  
ended 31st December 1957.

DISEASE			NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH										
			At all Ages	At Age—Years								Cases removed to hospital	Cases not removed to hospital
				Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and up- wards		
MEASLES	...	M	638	42	574	19	3	...	...	...	...	119	519
		F	646	46	565	27	5	2	...	1	...	126	520
WHOOPING COUGH	...	M	539	101	256	179	1	1	1	...	...	79	460
		F	614	77	335	190	5	1	4	1	1	71	543
DYSENTERY	...	M	442	28	168	134	13	17	22	19	41	132	310
		F	470	26	152	99	36	39	27	27	64	129	341
PNEUMONIA, PRIMARY		M	299	20	55	35	16	10	24	84	55	62	237
		F	318	22	57	33	24	20	30	64	68	97	221
TUBERCULOSIS—		M	239	1	10	13	49	38	27	83	18	143	96
PULMONARY		F	179	2	4	19	39	39	46	24	6	92	87
FOOD POISONING	...	M	161	4	15	34	33	30	14	28	3	14	147
		F	182	5	21	20	36	24	34	30	12	18	164
PNEUMONIA		M	171	...	12	17	21	12	14	59	36	31	140
INFLUENZAL		F	166	3	8	19	21	23	20	41	31	48	118
SCARLET FEVER	...	M	58	...	22	33	2	...	1	...	...	26	32
		F	68	...	31	36	1	...	...	...	...	36	32
TUBERCULOSIS—NON		M	13	...	1	...	5	3	...	...	4	7	6
PULMONARY		F	37	...	...	1	15	10	4	2	5	18	19
ERYSIPELAS	...	M	18	...	...	...	1	1	3	11	2	4	14
		F	23	...	...	1	1	1	3	9	8	9	14
CEREBRO-SPINAL FEVER		M	17	7	6	3	1	...	...	...	...	14	3
		F	13	7	5	...	1	...	...	...	...	11	2
PUERPERAL PYREXIA	...	M	...	...	...	...	...	...	...	...	...	...	...
		F	10	...	...	...	6	3	1	...	...	4	6
OPHTHALMIA		M	2	2	...	...	...	...	...	...	...	...	2
NEONATORUM		F	6	6	...	...	...	...	...	...	...	...	6
POLIOMYELITIS, ACUTE		M	3	...	3	...	...	...	...	...	...	2	1
		F	4	1	...	1	2	...	...	...	...	4	...
PARATYPHOID B	...	M	...	...	...	...	...	...	...	...	...	...	...
		F	7	1	...	...	2	1	...	1	2	7	...
JAUNDICE, ACUTE		M	3	...	...	1	...	1	1	...	...	2	1
INFECTIVE		F	...	...	...	...	...	...	...	...	...	...	...
MALARIA	...	M	3	...	...	...	1	1	...	1	...	...	3
		F	...	...	...	...	...	...	...	...	...	...	...
TYPHOID FEVER	...	M	1	...	...	...	1	...	...	...	...	1	...
		F	2	...	1	...	1	...	...	...	...	2	...
PARATYPHOID A	...	M	1	...	...	...	...	...	...	1	...	1	...
		F	...	...	...	...	...	...	...	...	...	...	...
PUERPERAL FEVER	..	M	...	...	...	...	...	...	...	...	...	...	...
		F	1	...	...	...	...	...	...	...	...	...	1
CHICKENPOX*	...	M	20	3	12	2	2	1	...	...	...	20	...
		F	21	...	4	10	3	2	1	1	...	21	...
M			2,628	208	1,134	470	149	115	107	286	159	657	1,971
F			2,767	196	1,183	456	198	165	171	201	197	693	2,074
TOTAL ..			5,395	404	2,317	926	347	280	278	487	356	1,350	4,045

\* Not notifiable.



No.	WARD	Scarlet Fever		Measles		Whooping Cough		Dysentery		Acute Polio-myelitis		Pneumonia Primary	
		Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths
1	St Giles	3	...	25	...	34	...	29	...	...	...	32	...
2	Holyrood	6	...	28	...	41	...	44	...	...	...	12	...
3	George Square	4	...	19	...	16	...	11	...	1	...	17	...
4	Newington	4	...	22	...	13	...	20	1	...	...	16	...
5	Liberton	16	...	118	...	78	...	267	...	1	...	67	...
6	Morningside	3	...	18	...	14	...	9	...	...	...	6	...
7	Merchiston	2	...	29	...	19	...	11	...	...	...	13	...
8	Colinton	7	...	171	...	93	...	15	...	...	...	22	...
9	Sighthill	7	...	45	...	30	...	12	...	...	...	11	...
10	Gorgie-Dalry	6	...	33	...	36	...	21	...	...	...	17	...
11	Corstorphine	4	...	5	...	35	...	15	...	...	...	7	...
12	Murrayfield-Cramond	6	...	48	...	73	...	31	...	...	...	9	...
13	Pilton	19	...	130	...	122	...	55	...	1	...	151	...
14	St Bernard's	1	...	62	...	78	...	22	...	...	...	36	...
15	St Andrew's	2	...	20	...	30	...	14	...	...	...	20	...
16	Broughton	4	...	27	...	34	1	12	...	...	...	14	...
17	Calton	4	...	30	...	41	...	15	...	...	...	20	...
18	West Leith	5	...	55	...	53	...	31	...	...	...	14	...
19	Central Leith	3	...	89	...	82	...	29	...	...	...	24	...
20	South Leith	4	...	64	1	43	...	24	...	1	...	18	...
21	Craighentinny	5	...	21	...	48	...	17	...	...	...	13	...
22	Portobello	8	...	64	...	77	...	20	...	1	...	31	...
23	Craigmillar	1	...	99	...	36	...	17	...	1	...	19	...
	Institutions	2	...	62	...	27	...	171	...	1	...	28	...
	Totals	126	...	1284	1	1153	1	912	1	7	...	617	...

## Cases of Certain Specified Infectious Diseases notified in Edinburgh during the last 25 Years.

YEAR	SCARLET FEVER	*MEASLES	†WHOOPIING COUGH	DYSENTERY	ACUTE POLIOMYELITIS	PNEUMONIA PRIMARY
1933	...	...	984	54	10	560
1934	4,516	178	189	46	2	423
1935	2,419	3,200	877	66	—	438
1936	1,511	854	804	89	46	547
1937	1,083	2,491	1,425	109	5	433
1938	1,680	1,508	253	258	26	402
1939	1,430	2,248	1,521	348	7	408
1940	734	678	255	216	14	446
1941	652	2,818	1,365	237	28	448
1942	1,070	1,123	135	252	11	383
1943	2,023	2,307	775	419	6	304
1944	1,598	1,723	409	766	22	265
1945	1,222	1,124	494	752	1	245
1946	1,029	2,920	483	149	7	295
1947	434	2,064	790	69	151	288
1948	310	1,403	402	245	30	254
1949	1,051	2,240	760	277	27	272
1950	1,183	1,392	1,768	551	69	231
1951	1,004	2,489	2,385	966	41	231
1952	451	2,009	782	129	25	408
1953	752	3,136	2,048	652	61	343
1954	619	1,703	1,340	1,046	44	281
1955	416	1,889	624	1,034	40	278
1956	195	1,053	1,731	1,024	39	576
1957	204	2,631	1,153	912	7	617
	126	1,284				

\* Measles. Only first case in household notifiable.

† Whooping Cough. From 1933, only first case (under 5 years) in household notifiable  
From 1950, notification extended to include all cases.

## BACTERIOLOGICAL SERVICES.

The following statement is submitted by Professor Robert Cruickshank, Consultant-Bacteriologist to the South-Eastern Regional Hospital Board, Scotland. It gives details of the examinations carried out for the Public Health Department of the City by the Bacteriology Department, University of Edinburgh, from January to December, 1957. The work recorded was under the charge of Dr Helen A. Wright, Senior Lecturer in Bacteriology, University of Edinburgh.

As far as numerical reckoning goes, the amount of work was much the same as in 1956 (the total number of examinations, 19,214, was only 473 fewer than the 1956 total); and the examinations of throat swabs and miscellaneous specimens submitted by general practitioners require little comment. There was, again, no diphtheria.

The figures for Sonne dysentery, however, are lower than the all-time high record of 1956 (729 isolations from 476 cases compared with 839 from 596), and one hoped that this might foretell some permanent improvement, but already, at the time of writing, that hope has been completely falsified. The Flexner type of dysentery has practically disappeared; and the number of infections due to organisms of the Salmonella group were fewer than in 1956 (71 isolations from 44 cases compared with 131 from 76 cases). There were, in fact, no major outbreaks of food poisoning brought to our notice during the year, and only three cases of enteric fever.

*Salm. typhi-murium* was again the commonest type of food-poisoning organism but was isolated from only 20 cases (48 in 1957). The case of *Salm. mchessarek* infection (a boy in the Duddingston area) is interesting, and is, so far as Professor Cruickshank is aware, the first known case of human infection with this Salmonella type. The organism was first isolated in Persia in 1953 from the carcase of a crow and there are records of isolations in 1956-7 in England from samples of Australian frozen egg. Attempts were made to trace the source of this Edinburgh infection, and birds, foodstuffs and specimens from human contacts, were examined without success.

The comparatively few examinations for Salmonella infection which we were asked to carry out is probably due in great measure to the very close watch kept by the department on the contacts of cases which do occur; and also on the check which is being kept on dried and frozen imported egg. Two hundred and seventy-five samples of these products were examined before they were released for distribution, and *Salm. typhi-murium* isolated from twenty-one. General bacteriological examinations were carried out on samples of processed, home-produced eggs also.

There was approximately a 17 per cent. decrease in the number of milk samples submitted for examination and a 13 per cent. decrease in water samples. One hundred and twelve ice-cream samples were examined (94 in 1956).

Owing to restricted laboratory accommodation, only a small number of virological investigations could be undertaken during the influenza epidemic in

the latter part of the year. The virus was isolated from five of the specimens submitted by general practitioners in Edinburgh and was of the Asian type in all cases.

	Positive	Total
Swabs from throat, nose and ear examined for <i>C. diphtheriæ</i> ... ..	—	554
Swabs from throat and nose examined for hæmolytic Streptococci and other pathogenic organisms ... ..		1,650
Hæmolytic Streptococci ... ..	431	1
Strain of hæmolytic Streptococcus "grouped" ... ..	.	40
Cough plates and per-nasal swabs for <i>H. pertussis</i> ... ..	15	162
Sputum examined for <i>Myco. tuberculosis</i> by the microscopic method* ... ..	7	15
Pus and pleural fluids examined for <i>Myco. tuberculosis</i> by the microscopic method* ... ..	—	24
Fæces and urine examined for <i>Myco. tuberculosis</i> by the microscopic method* ... ..	—	194
Cultivation tests for <i>Myco. tuberculosis</i> (sputum and other specimens) ... ..	8	23
Pathological specimens examined for <i>Myco. tuberculosis</i> by animal inoculation ... ..	2	
Specimens for general bacteriological examination :		
Urines ... ..		805
Sputa ... ..		345
Pus and pleural fluids ... ..		230
Ear swabs ... ..		21
Swabs from newborn ... ..		11
Urethral and vaginal swabs ... ..		132
Miscellaneous ... ..		33
Tests for sensitivity of bacterial strains to :		
Sulphonamide ... ..		1,199
Aureomycin ... ..		1,199
Chloromycetin ... ..		1,198
Penicillin ... ..		1,209
Streptomycin ... ..		1,196
Polymyxin ... ..		20
Erythromycin ... ..		24
Other antibiotics ... ..		26
Staphylococcal coagulase tests ... ..	294	535
Fæces examined for organisms of the Salmonella and dysentery groups and other pathogens :		
<i>Shig. sonnei</i> ... ..	729 (476)†	813
<i>Shig. flexneri</i> Type 2 ... ..	1 ( 1)	5,053
<i>Salm. paratyphi B</i> ... ..	7 ( 3)	
<i>Salm. typhi-murium</i> ... ..	30 ( 20)	
<i>Salm. thompson</i> ... ..	2 ( 1)	
<i>Salm. enteritidis</i> , var jena ... ..	3 ( 2)	
<i>Salm. muenchen</i> ... ..	15 ( 8)	
<i>Salm. senftenberg</i> ... ..	3 ( 1)	
<i>Salm. hessarek</i> ... ..	3 ( 1)	
<i>Salm. heidelberg</i> ... ..	3 ( 3)	
<i>Salm. chester</i> ... ..	1 ( 1)	
<i>Salm. stanley</i> ... ..	1 ( 1)	
<i>Salm. montevideo</i> ... ..	1 ( 1)	
<i>Salm. bareilly</i> ... ..	1 ( 1)	
<i>Salm. newport</i> ... ..	1 ( 1)	
	501	
<i>Staphylococcus aureus</i> ... ..	5	
<i>Cl. welchii</i> ... ..	7	
Urine examined for organisms of the Salmonella and dysentery groups ...		34
Fæces examined for helminths and protozoa ... ..	4	37
<i>Ascaris lumbricoides</i> ... ..	2	
<i>Oxyuris vermicularis</i> ... ..	1	
<i>Tænia saginata</i> ... ..	1	
Bloods for Widal reaction (including agglutination test for <i>Br. abortus</i> ) ...	.	52
Blood cultures ... ..	.	12
Blood-clot cultures from specimens submitted for Widal reaction ...	—	39
Agglutination tests for <i>Leptospira icterohæmorrhagiæ</i> ... ..	—	19





## DEPARTMENT OF VENERAL DISEASES.

### REPORT BY THE PHYSICIAN-IN-CHARGE.

It is commonly supposed that venereal infections have ceased to be either a medical or a public health problem. That this is not true is clear from the statistics presented below, and authorities throughout the world have emphasised that complacency and premature relaxation of the methods of tracing the sources and limiting the spread of these diseases may have already caused local epidemics.

#### **Incidence.**

Statistics are apt to be dull and misleading and it seems preferable to focus attention on some of the more important observations. A total of 2,932 patients attended for the first time at clinics and hospitals in Edinburgh, 1,708 were males and 1,024 females. A diagnosis of some form of venereal disease was established in 1,135 males and 810 females—a total of 2,145. This is a small but gratifying decline in incidence, and the factors to which it may be attributed are discussed later.

#### **Syphilis.**

Early (contagious) syphilis is now a rare disease and it is difficult to find cases to demonstrate to medical students, many of whom may graduate without seeing a single case of early syphilis. Similarly many doctors may never see diphtheria or smallpox or examples of many infectious diseases prevalent in other parts of the world. The number of cases of early syphilis diagnosed in 1957 was nine—five men and four women. The source of disease was ascertained to be in this country in 7 instances and two were abroad (Italy 1, West Africa 1). One woman of 17 who had cohabited with coloured American Servicemen since the age of 14 is believed to have been infected in London. Another woman was a prostitute of no fixed abode who came to us from Glasgow, while one was a dockside prostitute in Grangemouth. In such cases very little can be done to trace the sources of disease and contact cases. Others present a mystery; for example, a police officer and his wife were found to have early contagious syphilis, the origin of which was never found. But in all such cases the early diagnosis, isolation and immediate treatment ensures that no further spread occurs and the community is protected.

**Inherited (Congenital) Syphilis** was again very rare; no cases occurred in young children, but 15 cases were diagnosed in adult life—all but three being 25 years of age or over, and three in the age group 15-24 years. It is clear that there has been efficient attention to prevention of parental transmission of syphilis to their offspring. This is secured mainly through the ante-natal examination of pregnant women and the efficient treatment of all adults with syphilis.

**Late Syphilitic disease** continues to be diagnosed in the routine work of the hospitals and the majority of these patients are transferred for further treatment and observation. In the year there were 41 male and 27 female patients, a total of 68 ; the diagnosis being cardiovascular disease in 10 patients, neurological disease in 28 patients and all other forms of late syphilis comprised 30 cases. Many of these late and latent cases were discovered by systematic tests of other members of the family when one case is diagnosed.

### **Gonorrhoea.**

In the year 464 males and 224 females were diagnosed as suffering from gonorrhœa, a small decline on the figures for 1956. This is still the commonest venereal disease, though closely rivalled by non-specific urethritis in men.

Gonorrhœa is easy to diagnose and treat in acute infections, and the majority of male patients attend hospital as soon as they observe signs and symptoms. But the symptoms of the disease are now milder and it is probable that many women have the disease without suspecting it, and may act as carriers and spreaders of infection. Many patients, both men and women, treat the disease with familiarity and scant respect. They attend for " a shot of penicillin " and refuse further tests or treatment. These people are habitually promiscuous and there is a growing suspicion that they act as the carriers of partially drug-resistant strains of organisms. Also in a considerable number of patients severe complications, epididymitis in males and salpingo-oophoritis in females, have proved that the disease can produce serious and disabling illness.

### **Non-specific Urethritis of Males.**

This rivals gonorrhœa in frequency and though it varies greatly in severity, it is in general more difficult to cure, relapses and complications being common. This diagnosis was made in 401 cases. Though active investigation of the cause and treatment continues, there has been no conspicuous advance in this subject.

### **Chancroid.**

There were seven male cases, all being seafarers who had contracted the infection in Continental ports. There was no contact case in women or other men resident in Edinburgh. The disease is easily and rapidly cured, and being painful it is unlikely that the patient will spread the disease by coitus.

### **Trichomonal infections.**

This is a common infestation of women causing troublesome genito-urinary disease ; it is a minor source of urethritis and balanitis in men. In this year we diagnosed and treated 463 patients. Active investigation of the methods of spread and of new methods of treatment have been pursued, but again there has been no conspicuous advance.



## Non-Venereal Patients.

A large part of the work of every venereologist is concerned with proving the absence of a specific or venereal infection. Many persons come to the clinic in a state of severe anxiety, often with good reason, while in others the fear of disease is evidence of mental disturbance or a symptom of some other form of physical illness. A great many of these patients are investigated at the request of their family doctor, and others are referred by colleagues in other departments of the hospital service. In every instance such a man or woman must be given a meticulous investigation, and their management requires the greatest skill and tact. Though such work is summarised in the statistics as "787 non-venereal cases" it is probably one of our most important tasks. We do not deal solely with cases of "wind up" but diagnose and treat or transfer to other departments many cases of urinary infection and quite frequently diabetes mellitus.

## Sociological information.

From the patients' replies to routine questions, we have compiled some information on the sources of venereal disease and other factors relating to its spread. Edinburgh and Leith do not have a large or conspicuous prostitute problem, but 448 men alleged that they had contracted infection by contact with a paid prostitute. This should be contrasted by 816 cases of infection where there was no payment of the woman, and 197 instances where the man alleged that his wife was the source of disease.

The female patients were similarly classified and in 60 instances the woman was known to be a prostitute, but 213 women undoubtedly did not give their favours for money, and in 169 cases the husband was the original source of infection.

The influence of alcohol is difficult to assess but in all these instances 99 males and 15 women admitted that disease was acquired while they were drunk.

The geographical distribution of the source of infection was stated to be :—

Edinburgh ... ..	2,063
Lothians, Border Counties & Fife ...	600
Other areas in Scotland ... ..	132
England, Ireland & Wales ... ..	107
Outside Britain ... ..	210

The Age Groups have been studied and there is again comparatively little venereal infection in young "teenagers." In the male series there were three boys aged 16 years and five aged 17 years. In the female group there were twelve girls aged 15 years, 38 aged 16 years and 29 aged 17 years. No patient with acquired venereal disease was under the age of fifteen years.

The incidence of venereal disease is invariably highest during the months of July and August, and this is attributed to holidays. But there is also a considerable increase in numbers at the end of December and in January—this is probably due to drunken parties at the "festive season."

In co-operation with the Blood Transfusion Service and the ante-natal clinics we investigate many patients where "doubtful" or "positive" blood



tests for syphilis have been found. This routine testing continues to uncover a small proportion of unsuspected cases ; again it is compared to the search for tuberculosis by radiography. It would seem important, however, to intensify the search for the residual amount of infection with gonorrhœa which accounts for the maintenance of a moderately high incidence.

### Acknowledgment.

This opportunity is taken to thank all who have assisted in the work of diagnosis, treatment and prevention of venereal disease. By their thorough, conscientious and devoted work they have performed a very valuable service to the community.

## DISINFECTION

The following table shows the number of disinfections carried out by the department during 1957 :—

Disinfection of Premises Infected with Tubercle Bacillus.							TOTAL
Number of visits paid to houses and institutions (including visits paid to arrange a suitable time for disinfecting)	...	...	...	...	...	...	496
Number of rooms and wards disinfected by means of the formaldehyde process							545
Number of collections of soft goods (including mattresses, blankets) which were disinfected in steam chamber by means of steam under pressure or by formaldehyde vapour or by steam along with formaldehyde vapour						...	664*

*\* Many householders refuse to allow bedding to be removed from the house for steam disinfection. In such cases, bedding is left in the room during the whole process but every article of bedding must be sprayed with liquid on both sides to ensure killing of bacillus. For technical reasons, it is difficult to carry out this procedure and every effort is made to discourage this practice.*

### Disinfection of Premises following Infectious Diseases other than Tuberculosis.

Number of visits paid to houses and institutions (including visits paid to arrange a suitable time for disinfecting)	...	...	...	...	...	...	516†
--	-----	-----	-----	-----	-----	-----	------

*† In this group there were many requests for disinfection which were found to be unnecessary.*

Number of collections of soft goods (including blankets and mattresses) which were disinfected in the steam chamber by means of steam under pressure or by formaldehyde vapour or by steam under pressure along with formaldehyde vapour	...	..	...	...	...	...	...	516
--	-----	----	-----	-----	-----	-----	-----	-----

# THE DOMICILIARY SERVICES.

## HOME NURSING SERVICE.

### Introduction.

The provision of a domiciliary nursing service continued to be undertaken, on behalf of the Corporation, by the Queen's Institute of District Nursing. The liaison committee, composed of representatives of the Institute and the Corporation, met, as usual, quarterly during the year.

Queen's nursing sisters are registered general nurses before joining the Institute to undergo a special course of training to enable them to apply the knowledge gained in hospital to nursing in the homes of patients under the direction of general practitioners. The home nursing service provides skilled nursing and covers all classes of cases under the general headings of medical, surgical, gynæcological, infectious diseases, chronic illnesses and children's ailments.

The services of the six male nurses are in constant demand, and their work and co-operation have been so much appreciated by the general practitioners that increasing demands are made on the nurses' services. Authority has been sought from the Health Committee for a second pool car to facilitate the carrying out of this work and to cut down the travelling time.

To facilitate the work and relieve pressure on the telephone at the Central Nurses' Home and office during the peak hours, a second telephone has been installed, the number being FOUNTAINBRIDGE 6321.

### The Year's Work.

Analysis of the work of the service during the year shows that 306,941 visits were paid to 10,452 cases, more visits to fewer patients than last year, when the corresponding figures were 305,841 visits to 11,010 patients. Of these visits during the year 187,631 were to patients aged sixty-five years and over. With the increasing number of elderly persons requiring nursing care and attention, many twice and thrice daily visits are now being paid.

A number of requests were made for late evening visits, and during the year 3,488 visits were paid to administer late night injections and to give nursing care to the more seriously ill patients.

Tuberculosis visits showed a further decrease, there being 9,356 visits fewer than last year, the number this year being 15,881 visits. It is interesting to note that this number of visits is 50,000 less than in 1954, when 65,000 visits to tuberculous patients were paid.

### Sighthill Health Centre.

The treatment rooms continued to function satisfactorily on the same basis as in previous years. The staff, drawn from the Central Training Home, are on duty from 9 a.m. until 8-30 p.m., except on Sundays, when a nurse is in attendance from 1-30 to 4 p.m. The total attendances at the Centre during the year for treatment purposes were 8,118.

### Care of the Aged Sick.

With advances in medicine and nutrition and with better housing conditions, people are living longer and a higher percentage of aged sick are now being nursed at home by the district nurse. At the same time, the needs of the patients for attention, care and reassurance have increased. Patient teaching has become a duty of paramount importance. Early ambulation, shorter hospital stay, and a new concept of rehabilitation have made the task of helping the patients to help themselves one of the most challenging duties of the district nurse.

### Miscellaneous.

Maximum use is made of all statutory and voluntary services by the Institute, and the valuable help and co-operation received from the various branches of these services have been vital links in helping to achieve the health, happiness and well-being of many patients.

Numerous talks on the work of the Queen's nurse and lectures on home nursing were given to meetings of various women's organisations throughout the year.

Some members of the Institute staff attended refresher courses and conferences during the year, the expenses being defrayed from the Educational Fund of the Institute.

Tribute must be paid to Miss Gilmour, Superintendent of the Home Nursing Service, and her staff for the efficient way in which they perform their several duties and for their great spirit of helpful co-operation.

## HOME NURSING—CITY OF EDINBURGH.

Patients attended by the Queen's Institute of District Nursing during 1957.

DISTRICT	STAFF (Average)	PATIENTS						VISITS			Total Hours on Duty		
		MATERNITY		MEDICAL		SURGICAL		TOTAL		Ante- natal		Tuber- culosis	Total (all visits)
		New	Old	New	Old	New	Old	New	Old				
Central Training Home	See below	142	4	5,041	1,217	518	114	5,701	1,335	1,294	9,241	229,586	139,738½
Blackhall	1	—	—	145	35	18	—	163	35	—	185	4,840	2,446½
Colinton	1	—	—	132	39	24	1	156	40	—	582	4,781	2,027½
Corstorphine	1	—	—	187	29	24	2	211	31	—	401	5,799	2,100½
Davidson's Mains	1	—	—	122	34	23	4	145	38	—	15	4,587	2,319½
Duddingston & Craigmillar	1½	—	—	502	42	41	10	543	52	—	700	8,984	2,486
Liberton & Gilmerton	2	—	—	405	68	41	6	446	74	—	1,417	11,340	3,903
Niddrie	1	—	—	62	15	55	3	117	18	—	112	2,683	1,903
Portobello & Joppa	2	—	—	313	46	53	5	366	51	—	106	8,790	4,814½
Southfield	1	—	—	84	28	13	4	97	32	—	592	4,172	1,493½
Sighthill	1	—	—	201	35	22	3	223	38	—	283	6,077	2,003
Wardie & Granton	2½	—	—	400	77	57	6	457	83	—	2,247	15,302	5,747½
TOTALS	15	142	4	7,594	1,665	889	158	8,625	1,827	1,294	15,881	306,941	170,982½

## Edinburgh Home Nursing Service Staff at 31st December, 1957.

## ADMINISTRATIVE STAFF :—

- 1 Superintendent.
- 4 Assistant Superintendents.
- 1 District Nurse Tutor.
- 2 Clerical Staff.

## NURSING STAFF :—

- 33 Queen's Nurses Full-time.
- 4 Queen's Nurses Part-time.
- 7 Non-Queen's Nurses Part-time.
- 21 Candidates.
- 3 Pupil Midwives.



## HOME HELP SERVICE.

This extremely important service, provided by the Corporation, adequately met the increasing demands made upon it and, as mentioned in last year's report, the Health Committee agreed to an increase in the establishment, as the need arose, to the equivalent of 130 full-time home helps. At the beginning of the year, the home-help staff consisted of fifty-four full-time and one hundred and thirty part-time workers, a total of one hundred and eighty-four, equivalent in number to one hundred and nineteen full-time helps. As at 31st December, there were fifty-one full-time, and one hundred and forty-eight part-time helps, a total of one hundred and ninety-nine, equivalent in number to one hundred and twenty-five full-time helps. During the year, eighty-three women were recruited, but resignations from the service numbered sixty-one, the reasons for resignation being illness, home circumstances and employment in other spheres.

Help was given to 1,396 cases, an increase of thirty-nine over last year. Analysis of these cases shows that the services of a home help were required in 340 maternity cases, 15 tuberculosis cases and 1,041 general cases, including acute and chronic illness, the aged and infirm. Week-end help has been given to elderly persons living alone, the home help attending for a few hours to prepare and serve a meal and make the patient comfortable. From August, short-time help was given by two members recruited to the staff who gave some two hours daily to their elderly patients three times a week, an innovation which has proved quite successful. In order to deal with cases where by reason of age or infirmity, the house has become neglected and dirty, a woman was taken on the staff to act as a cleaner in such instances, but, as the number of cases of this type is comparatively small, she was ultimately taken on to the part-time staff. A few problem families were also given assistance during the year, with encouraging results.

The night-sitter service has also been of value, although the demand for it has not been heavy. This service is given from 8 p.m. until 6 a.m. During the year, such help was given to four households where the patients were seriously ill and the relatives were thus afforded some relief.

### Male Home Help.

At a meeting of the Health Committee on 26th March, the Medical Officer of Health was instructed to report on the possible introduction of male home helps for service among elderly men who required assistance with dressing and their daily toilet. Consequent upon enquiries made on the experiences of other local health authorities with male home helps, it was found that only two authorities had had much such experience, and in both instances the respective medical officers of health were satisfied that their male helps provided a much appreciated service. At a subsequent meeting on 16th July, the Health Committee agreed to the temporary appointment on a six months' basis of a male home help. As a result of the subsequent advertisement for this post, many applications were received, in addition to numerous enquiries. After interview of a short list of applicants, a male home help was appointed and took up his duties on 9th September.

The appointment has proved a very successful one. The help has given assistance in four households where the male patients, living alone, were without relatives, and were housebound or bedridden. The help has provided companionship and, by carrying out the usual duties of a home help, has added to the comfort of the patients. These four men whom the home help has looked after have appreciated having a man caring for them, and being able to give the little personal attentions not possible from a female home help.

### ALMONER.

The year 1957 has seen the further development of the work of the Almoner. In the course of the year 443 cases were referred to her for help. Of these cases 195 were referred by general practitioners, 103 by health visitors, 16 were referred by outside agencies, 15 by other almoners, 13 by district nurses, 51 came from miscellaneous sources, *e.g.* clergymen, and 50 patients came to the almoner of their own accord.

The total of 195 cases referred by general practitioners showed an increase of thirty-four over last year's figure. It is indeed encouraging to find that this comparatively new service offered to general practitioners is being used for patients in the community. The history of the almoning profession has accidentally accentuated the need for medico-social work as part of hospital treatment, but the same social difficulties are met with in patients attending the family doctor's surgery, and medico-social work practised at this point has the very considerable advantage, to almoner and patient, of the guidance of the family doctor with his intimate knowledge of his patient's medical, social and emotional needs. The patient is seen against his natural background of home, and valuable opportunities can be found of diagnosing early social difficulties and preventing their development. Cases have also been presented where social problems were producing obstacles to the patient's recovery or to their maximum adjustment to permanent disability. The aim of the almoner's work has been to encourage the innate resources of the individual to meet the stress of his illness while, at the same time, helping to make any adjustment in his social environment as may be necessary for his recovery. The medical diagnosis of patients referred by general practitioners has shown very great variety, but a considerable number could be classified as stress illnesses where relief of tension was a necessary part of the treatment. Illnesses of a chronic or incurable nature presented financial problems and also emotional ones, both on the part of patients and relatives. Many of the cases referred to the almoner were from the higher age group, where any alteration to a long-accepted way of living had to be introduced slowly, with many assurances, before it could become acceptable.

The close contacts which the health visitors have with certain sections of the community make it possible for many potential social or medical problems to be spotted in their early stages and attempts made to prevent their development. The support and advice given to mothers of young children by the health visitors have frequently been supplemented by help from the almoner when family life has been rendered unstable on account of poor home conditions, immaturity,

poor physique, unemployment on the part of the wage-earner, and appropriate action taken in an assessment of the fundamental cause of the family breakdown and the introduction of suitable forms of help. At times it has to be accepted that the help can only be palliative, but it is aimed at ensuring that the children's physical and psychological health will be safeguarded as far as possible.

Each year a very considerable number of people get in touch with the almoner on their own initiative. These people present a very wide variety of problems. At times one interview with the patient may be sufficient to enable him to get his problem into focus and then be able to tackle it himself. At other times an assessment of the situation enables the almoner to refer a patient to the most appropriate source of help, which might be either statutory or voluntary agencies. At yet other times the problem may turn out to be one requiring further prolonged help from the almoner.

Thus the almoner, working in the public health sphere, constantly finds herself co-ordinating the help of other statutory and voluntary services directed towards helping the patient.

The almoner continued her once-weekly visits to the Health Centre at Sighthill, and in the course of the year thirty-eight patients were referred to her for help. Health has been defined as a state of physical, mental and social well-being, not merely the absence of disease or infirmity, and the Health Centre can provide a focal point for all the comprehensive services, both preventive and curative, which aim at a state of health, in its most positive sense, for the individual.

Informal meetings have also been held with members of a group practice in the city, the health visitors of the district and the almoner, and such meetings have proved of great value in co-ordinating what each member of the team has to contribute to the patient's welfare.

Assessment of charges for the services of home helps, and for day and residential nurseries also forms part of the functions of the almoner's section, and the following statement shows the number of cases so assessed :—

Home Helps	...	...	682
Residential Nurseries	...	...	506
Day Nurseries	...	...	504
			<hr/>
			1,692

## MATERNITY AND NURSING HOMES.

There were no new registrations and no cancellations in respect of maternity and nursing homes this year, the number of homes registered under the Nursing Homes Registration (Scotland) Act, 1938, as at 31st October, being 31.

## NURSING AGENCIES.

No changes fall to be reported this year in connection with the licensing of nursing agencies, the same two, the Thistle Trained Nurses Ltd. and the Edinburgh Nurses Association, being in operation during the year.



## HOME NURSING EQUIPMENT.

The following table shows the various types of nursing equipment issued on loan during the year by the department to patients under domiciliary care.

The number of patients assisted was greater than in any previous year, being 319 more than in 1956.

The cost of purchasing new equipment and of repairs and laundering amounted to £1,000, and £47 was received in payment of hire charges on certain items.

## Issue of Home Nursing Equipment during 1957.

			Total No. Issued	Issued and Returned	Issued and Still on Loan
Air Beds	...	...	9	6	3
„ Rings	...	...	250	169	81
Bed Pans	...	...	326	203	123
„ Cages	...	...	51	29	22
Bedsteads	...	...	39	18	21
Bed Rests	...	...	103	71	32
Blankets ...	...	...	67	10	57
Fracture Boards (Sets)...			73	24	49
Mattresses	...	...	54	29	25
Mattress Covers	...		35	16	19
Pillows ...	...	...	63	24	39
Pillow Cases	...	...	31	2	29
Rubber Sheets	...	...	195	126	69
Sheets ...	...	...	77	18	59
Urinals ...	...	...	115	73	42
Wheel Chairs	...	...	30	13	17
Miscellaneous	...	...	12	—	12
			1,530	731	699

Total No. of persons issued with equipment in 1957 ... 1,063

No. of persons issued with equipment in 1957 and who still  
have the equipment on loan at 31/12/57 ... 498

## SIGHTHILL HEALTH CENTRE.

During 1956/57, the fourth year of operation of the Health Centre, there were continued developments in the services available. More and more can it be said that the Centre is becoming the medical focus of the neighbourhood and, while there has been no change in the pattern of medical practice, on all sides there is a growing awareness of the work and problems of others in the Centre, and a greater understanding of their aspirations and potentialities. As the Centre becomes better known, there is an increasing tendency for casualties to be brought to it, especially from the adjacent factory estate. Should this tendency increase much more, it is possible that a more comprehensive casualty service will become necessary.



Professional visitors and students have paid visits to the centre throughout the year. The Centre is an accepted item on the regular outside visiting list for medical students, nurses in training and social worker trainees. In addition, visitors from overseas constitute an important group of interested people, some coming to see the Centre, others to study the lay-out and construction and yet others to study its operation and administration.

### General Medical Service.

The general practitioners working in the Centre have found conditions most satisfactory. Each practice has its consulting suite or suites, in which consulting sessions are held. The receptionist service is excellent in dealing with the arrival of patients and with the numerous telephone calls.

The central record keeping system, used by most of the practitioners, has worked smoothly and proved of inestimable benefit. Clerical assistance for taking notes and typing letters has been appreciated too, as has been the attendance of a Queen's nurse in the treatment room at all consulting sessions.

The presence of a visiting consultant has enhanced the value of the physiotherapy department. The consultative psychiatric clinic has been of great assistance to the practitioners, both for initial investigation of cases and for their supervision after discharge from hospital.

Clinical laboratory facilities were invaluable and the great value and the expanding scope of available tests facilitated the investigation of cases as well as the supervision of progress. More quantitative tests were made available and a photo-electric method was adopted for the estimation of hæmoglobin—within three months the requests for this estimation had almost doubled. In fact, the total number of tests carried out over the year increased by over 50 per cent. compared with the previous year.

The sterile syringe service, under the supervision and control of the chief pharmacist, increased during the year, syringes being supplied to the doctors at the Centre, as well as the Queen's nurse in the treatment room. The local health authority also benefited from the service when the poliomyelitis vaccination scheme was begun.

### Pharmaceutical Service.

This service, under the direction of the chief pharmacist, is provided by the local Executive Council. While most of the dispensing is of National Health Service prescriptions, some is also done for the local health authority clinics in the Centre. An important function of the pharmacy service is its information bureau. Here information on new preparations is provided from a combination of two commercially available card-index systems and an indexed file of manufacturers' literature. Full use is taken of this service.

### Local Health Authority Services.

The child welfare and school health services continued to carry out their respective functions at the Centre as has been described in recent reports. There was a reduced distribution of welfare foods during the year, particularly notice-

able in the cases of national dried milk and cod liver oil compound, but this was merely a local manifestation of a natural decline in the uptake of these foods.

The toddlers' playground adequately met the demands made on it, both for the ordinary morning sessions and the special twice-weekly afternoon sessions. For a short period of some months, the play-room was granted on two afternoons each week to the Edinburgh and District Spastic Association so that spastic children might be given the benefit of the accommodation. Later this Association obtained larger premises in the district for its expanding activities.

Higher returns of work by the dentists of the School Dental Service was recorded and it is gratifying to report that there were increasing requests for orthodontic treatment. These were met by transferring a dental officer who has made a specialty of this work from another clinic to the Centre. The dental laboratory, providing services for both the general dental practitioner working at the Centre, and for the local health authority dental clinics, showed another use in the voluntary work.

The almoner attended the Centre on one half-day each week and in the course of the year had thirty-nine patients referred to her. At all times, the direct liaison between practitioner and almoner, in the handling of medico-social problems, has proved most valuable.

The Sighthill Old Peoples' Health Club and the Occupational Therapy Class, the latter conducted under the auspices of the Edinburgh Cripple and Invalid Children's Aid Society, continued their activities in part of the premises occupied by the local health authority services. It can be confidently anticipated that voluntary organisations, with special interests in the welfare of different sections of the community, will increase both in number and in range of activity at the Centre, which will become, even more, the focal point of the local community.

## MENTAL HEALTH SERVICES.

### Survey of Present Services and Needs.

During 1957, the needs of the Mental Health Service of the city were defined in a comprehensive report submitted to the Health Committee in April and, since then, in addition to the usual routine duties, action has been taken to implement the various recommendations made. In relation to some of these, developments are still in the discussion stage, whereas in the remainder either plans have been made for action during 1958 or solid progress has already been achieved. This statement is amplified later under the relevant headings. The report followed a survey of the existing arrangements, which was carried out during 1956, and its recommendations can be summarised as follows :

1. That in order to ensure the co-ordinated development of the Mental Health services, joint discussions should be initiated by the Health Committee with the Regional Hospital Board and Local Executive Council on :

- (a) the general lines along which future progress should be made in the mental health field, particularly as regards arrangements for the after-care of the mentally ill.
- (b) the establishment of a mental health centre in which all related services could be brought together.
- (c) the provision of hostels for high-grade mentally handicapped adults in order not only to free institutional beds but also to make provision for those with inadequate home conditions.
- (d) the provision of specialist services to give advice where necessary in connection with domiciliary care.

2. That the Health Committee, in their own particular sphere now consider :

- (a) the extension of home visitation to the mentally ill and handicapped so that advice and guidance can be given to relatives, and so that needs and problems can be assessed.
- (b) the provision of comprehensive arrangements for diversional and occupational activities, both at home and in appropriate centres including, in conjunction with the Education and Welfare Committees and the Ministry of Labour, the further development of training and sheltered employment facilities.
- (c) assistance to parents and relatives by the provision of day-care centres and facilities for short stay residential care.
- (d) the extension of research and health education in mental health and the provision of additional staff training where necessary.
- (e) the co-ordination of the mental health service at local authority level.

3. That the vacancy on the Health Department establishment for a psychiatric social worker be now filled and that a female clerical assistant be appointed.



The Committee approved these recommendations in principle and resolved to initiate a meeting with representatives of the Regional Hospital Board and the Local Executive Council. The Medical Officer of Health was instructed to report further as to the detailed arrangements proposed for the development of the services by the Corporation, and to appoint the psychiatric social worker and female clerical assistant referred to in the report.

### Formation of Working Party.

The meeting with representatives of the Regional Hospital Board and Local Executive Council took place in July when it was decided to appoint a small technical working party to discuss and report on the lines along which the Mental Health services of the city might be developed in a co-ordinated fashion. This working party consists of three members from each of the above bodies and two from the Corporation. At the first meeting of the working party, the Medical Officer of Health was appointed chairman, and discussions have taken place regularly at the Public Health Department to try to clarify what has proved to be a very complex problem. Guests with special knowledge have been invited to the meetings to join in discussions of appropriate topics. It is not likely that this working party will be in a position to submit its report before the latter part of 1958.

### Appointment of a Social Worker.

In the sphere of the Corporation services, extension of home visitation to the mentally ill and handicapped was made possible by the appointment in September of a social worker, with experience in this field. In her work maximum co-operation was aimed at with all other social workers in this field whether belonging to statutory or voluntary bodies, and this was assisted by attendance at meetings of the social workers' group at Sighthill Health Centre and the Edinburgh Association for Mental Welfare.

### MENTAL ILLNESS.

During 1957 the total number of applications for certification of patients was 325, of whom 265 were certified and removed to hospital. Comparative figures for the last few years are as follows :

			1953	1954	1955	1956	1957
Number Certified	...	...	240	237	239	287	265
Application withdrawn	...	...	47	64	49	50	60



The proportion of male patients among those certified last year was 40 per cent. This shows little change from preceding years. The age groups of those certified were as follows :

Mental Illness—Certifications						
Ages	Males		Females		Total	
	1956	1957	1956	1957	1956	1957
Under 16 years ... ..	—	—	—	—	—	—
16-19 „ ... ..	3	1	2	3	5	4
20-29 „ ... ..	14	15	19	13	33	28
30-39 „ ... ..	18	19	23	17	41	36
40-49 „ ... ..	15	19	20	18	35	37
50-59 „ ... ..	15	13	22	21	37	34
60-69 „ ... ..	19	13	23	30	42	43
70-79 „ ... ..	16	21	40	32	56	53
80 „ and over ...	9	6	29	24	38	30
Not Certified and Withdrawn ...	109	107	178	158	287	265
	11	22	39	38	50	60
Total No. of Applications ...	120	129	217	196	337	325

The number of patients boarded out was 18 (8 males and 10 females) being one more than in 1956.

An eight per cent. reduction in the number of patients certified compares favourably with a twenty per cent. rise in 1956, but it can be seen that the number is still higher than that for the previous years. A comparison with the figures for 1955 shows that the greater numbers in 1956 and 1957 are largely due to an increase in the number of elderly females certified.

These figures indicate that there is no room for complacency in tackling the problem of mental ill-health, and that, wherever possible, preventive measures should be devised and applied. Such an aim is easier to state than to attain as much depends upon research into causation, but, in view of the increased number of mental breakdowns among the elderly, it would appear logical to take all possible steps to maintain both the physical and mental health of old people and, thereby, enable them to take their place in the life of the community for as long as possible. As stated in last year's report, social and lunch clubs can help a lot in this direction. It must also be said that the shortage of residential accommodation of all types for old people may well be a contributing factor to the increase in the number certified and the question of mental breakdown cannot be considered in isolation. The provision of more geriatric beds to meet a widely recognised need might therefore help with this problem also. Talks and film shows were again given to members of the general public both to stimulate interest and reduce prejudice, among which was a special Sunday night meeting on Mental Health at the New Victoria Cinema attended by 1,600 people, a large proportion being adolescents.

#### Care and After-care.

During 1957, the services of the social worker made it possible to carry out more supervisory work among the mentally ill in the community, including some discharged hospital patients. She gave assistance to both patients and the relatives in matters relating to finance, accommodation, employment and social rehabilitation. Developments of this sort in the field of after-care depend largely

upon the degree of co-operation existing between the staffs of the hospitals and the Public Health Department, as there is no statutory provision for the reporting of patients to the local authority health services for after-care. It is, therefore, very satisfactory to be able to report that a good informal liaison exists, and that this is becoming closer. The need for confidentiality is one of the main difficulties in setting up a satisfactory system for after-care, because a transfer of responsibility from the hospitals also implies a transfer of information. However, the progressive integration mentioned helps to minimise this problem. It is, of course, necessary that general practitioners are also closely concerned in any form of community service of this type. One feature of special interest in this connection is a proposal of the Regional Hospital Board to establish a psychiatric out-patient clinic in the Craigmillar area which will be staffed from Rosslynlee Hospital, and can provide for diagnosis, psychotherapy and also the follow-up of certain former in-patients. It is intended that accommodation in Niddrie Farmhouse, which is used as a child welfare and school health centre, will be made available by the Corporation for this purpose, and it is felt that this could lead to a very useful experiment in co-operation in community care and after-care between the hospital medical staff and social workers on the one hand and the local authority medical staff, social workers and health visitors on the other. It is possible that these are the lines along which an effective after-care service could develop.

### MENTAL HANDICAP.

The following table gives the comparative figures for various categories for 1956 and 1957 :

Mental Defectives						
	Males		Females		Total	
	1956	1957	1956	1957	1956	1957
1. Waiting for admission to institutions of South-Eastern Regional Hospital Board as at 31st December ...	67	66	41	50	108	116
2. Number of Edinburgh admissions to above institution. ...	12	19	6	12	18	31
3. Re-certified at 16 years ...	1	1	—	2	1	3
4. New cases certified and placed under guardianship. ...	1	1	7	3	8	4
5. Removed from guardianship as no longer suitable for boarding-out ...	4	6	5	2	9	8
6. Removed from guardianship roll by death... ..	1	2	3	2	4	4
7. Under guardianship as at 31st December ... ..	63	55	89	89	152	144

The shortage of institutional accommodation is still a problem, and many relatives continue to bear a heavy burden in continuing to look after patients for whom institutional care would be much more appropriate.

### Short-stay residential unit for mentally-handicapped children.

There was no doubt that a need existed in the city for the provision of facilities for the short-term residential care of mentally-handicapped children. This was

necessary during periods of domestic stress (*e.g.* illness or confinement of the mother) or to allow parents a short holiday or some relief from the constant strain involved in caring for such children.

With this in view, temporary accommodation was provided on a trial basis during the summer months, for a limited number of children up to the age of 12 years, at Willowbrae House. By September, fifteen children had been in residence for short periods, and both parents and family doctors had expressed their warm appreciation of the help given. Parents contributed towards the cost of maintenance.

The Health Committee resolved that this arrangement be continued on an interim basis, and that steps be taken to make the facilities more widely known. When it has been possible to ascertain more accurately the extent of the need for this service, consideration will be given to putting it on a permanent basis. The unit can accommodate up to six children and the normal duration of stay is from one to four weeks, but this period has been extended in exceptional circumstances. This development is of special interest as it is the first one of its type to operate in Scotland. The Scottish Association of Parents of Handicapped Children is hoping to start a similar service at the Stewart Home, Cove, Dunbartonshire next year.

Willowbrae House is also being used in connection with the B.C.G. vaccination scheme, but it has proved possible for these two functions to be served without interfering with each other.

### NON-RESIDENTIAL SERVICES.

Five special schools and one special class for mentally-handicapped children in the community have a roll of 402, and the junior occupation centre accommodates an additional 97 children who, though more seriously retarded, are trainable. Another 5, with multiple, including mental, handicaps attend a special unit. There are some children whose degree of retardation is such that they are unable to attend any of these educational establishments and for whom there are, at the moment, no facilities apart from home care. It is hoped shortly to establish a unit in premises at the Pleasance Trust to which certain of these children can be brought daily for simple forms of training, with a view to giving the child every opportunity to develop to its full potential and to providing some relief for the parents. Even the ability to carry out simple acts is of great importance to these children, and it is hoped that, in some cases, their progress may be sufficient to warrant transfer to an occupation centre at a later date.

For those children who cannot even attend such a unit as this, it is felt that a "sitter-in" service might be of great value to enable the parents to go out together occasionally or to attend special functions in the knowledge that there is someone at home to look after their child. Informal discussions with officials of the local branch of the Scottish Association of Parents of Handicapped Children have proved very helpful in this connection, and the Association has indicated its willingness to organise such a service on a voluntary basis to which parents with such a need can be referred. There has not yet been time to assess the extent to which this arrangement may be used.



After-care of children who have left the special schools is undertaken on behalf of the Corporation by the Edinburgh Association for Mental Welfare which carries out home visits and supervision for as long as is considered necessary and, in co-operation with the Education Department and its Youth Employment service, takes an active interest in the provision of clubs, employment, occupation centre facilities and holidays for those over school age. The social worker also carries out supervision, sometimes prolonged, of certain mentally-handicapped patients over school age and, in some instances, where no suitable occupation was available or where there was no possibility of the patient being able to undertake any, she has devised a limited form of occupation for them in their own homes.

Clubs are run for the former pupils of the special schools and, for those who cannot enter normal employment, the Education Department provides occupation centre facilities. The class for females, which used to be situated in the Regent Road Institute, was transferred during the year to larger and better equipped premises in Lauriston Place which made it possible gradually to increase the number attending. Activities here include cooking, laundering, needlework and dancing. The centre for males accommodates 24 persons and is still in the School of Building, Fountainbridge. Instruction is given here in woodwork and cobbling, and plans are advanced for transferring this class also to recently adapted larger and more suitable premises at Slateford. It is anticipated that this move will take place early in 1958 and will permit the expansion of the service. These classes are valuable not only in giving instruction in specific skills and to provide social training for those attending, but also to help the relatives by occupying the minds and time of these handicapped people for a number of hours each day.

During the summer the boys from the senior class were again offered a holiday together, but this year it took place at a camp near West Linton, and under conditions which, though good, made it necessary for them to do rather more for themselves than was the case the previous year at Middleton House. Once again, the boys enjoyed it very much and both parents and staff felt that it had been well worth while. It was noted that several of the boys worked well under supervision at the tasks set them in the camp, and this indicated that the development of arrangements for the sheltered employment of some of these lads might well be a next step to be considered.

Thus progress is being made to fill the gaps in the services for the mentally-handicapped in the community, but there is still some distance to go before a truly comprehensive scheme can be claimed.

### Co-ordination.

During 1957, every effort was again made to further co-ordination with other local authority departments, and to co-operate with all statutory, voluntary and academic agencies engaged in mental health work. This is vital to the achievement of a complete mental health service.



## NATIONAL ASSISTANCE ACT, 1948.

### Residential Accommodation

Under Part III, Section 21, of the Act, the local authority must provide residential accommodation for those in need of care and attention, either permanent, or else temporary in special circumstances. These duties are operated by the City Social Services Department under the aegis of the Welfare Committee, with assistance and advice from staff of the Public Health Department.

#### (i) Residential accommodation for those in need of care and attention.

(a) There are four Corporation homes and 24 homes conducted by various voluntary associations.

<i>Corporation Homes</i>	<i>M-F</i>	<i>Admissions</i>	<i>Discharges</i>	<i>Deaths</i>	<i>Daily Strength</i>
Glenlockhart	M & F	331 (377)	196 (224)	123 (145)	461
Firrhill	M	10 (16)	9 (16)	1 (1)	16
Craigard	F	8 (20)	7 (19)	1 (0)	22
Edinholme	F	5 (4)	5 (2)	0 (1)	19

(M—Male ; F—Female. Figures in brackets are those for 1956.)

The tendency, commented upon last year of an increasing frailty in the old people admitted, continues to be observed. It is noticeable that there is a much lower turnover of admissions and discharges and fewer deaths. This is reflected in the greater number of handicapping disabilities that develop amongst the residents whilst in Glenlockhart and which renders them so much more dependent upon supervision and care by the staff. It also partially explains the greatly increased waiting list. Medical attention is given by general practitioners, with help from visiting auxiliary services of optician, chiropodist, dentist and physiotherapist. The medical officer from this department visits, in their homes, the great majority of proposed admissions to assess their suitability or otherwise, and he is also concerned in arranging disposal where possible to long-stay or mental hospitals as required. Transfer to acute hospitals is arranged by the general practitioner concerned. During the year the following transfers were made :—

To General Hospitals	49 (43)
„ Mental Hospitals	10 (8)
„ Long-stay Hospitals	12 (25)

In Glenlockhart, a large outbreak of bacillary dysentery involving 86 persons, with no deaths, occurred during the year. It was successfully brought to an end in three weeks (a very short period) and its source presumptively established. The overall control of this outbreak was under the department's medical officer, who reports that the greatest credit must be given to the staff for their excellent and willing work under great difficulties.

(b) *Homes operated by voluntary organisations.*

These are registered under Section 37 of the Act by the City Social Services Officer who arranges for one of his staff to visit each home annually with the medical officer, to ensure that a satisfactory standard is being maintained.

With one new registration and no cancellations there were 23 homes on 1st January, 1957 and 24 on 31st December, 1957.

(ii) **Temporary accommodation in special circumstances.**

Part of Glenlockhart is used to provide a roof for evicted families and those rendered homeless by fire or flood. 31 (28) women and 77 (74) children were admitted for these reasons during the year.

**Compulsory Removal under Section 47 of the National Assistance Act.**

Under this section, which is used only in cases of extreme need, and as a last resort when persuasion fails, persons suffering from grave chronic disease or being aged, infirm or physically incapacitated, and living in insanitary conditions and who are not receiving proper care and attention, are removed by order of the Sheriff.

Of the ten Court Orders obtained during the year, seven were allowed to lapse the persons concerned being content to remain in Glenlockhart. Three old people did not survive the period of the Order.

**Welfare of Handicapped Persons.**

The Welfare Committee makes arrangements with the following organisations for the care of handicapped persons. :

- (a) *Blind Persons.* The Royal Blind Asylum and the Society for the Welfare and Teaching of the Blind.
- (b) *Crippled Persons.* The Edinburgh Cripple and Invalid Children's Aid Society.
- (c) *Deaf and Dumb.* The Edinburgh Deaf and Dumb Society.

**Other Duties.**

Various other related duties, although not directly under the National Assistance Act, were carried out by the Public Health Department. These duties included :—

- (a) Visitation of the elderly and the handicapped at home at the request of medical practitioners, health visitors, sanitary inspectors, voluntary organisations, etc.
- (b) Arrangements intended to maintain an old person in his home by aids, such as the provision of a home help, house cleaning, meals-on-wheels (W.V.S.), appliances or nursing aids.
- (c) Regular follow-up of domiciliary cases.
- (d) Periodic visits to long-stay hospitals to arrange transfer of cases.
- (e) During the year the medical officer of the department carried out a survey of those under the age of 65 in Glenlockhart. This revealed that there was invariably a medical reason for admission and for which proper care could not otherwise be obtained.

# SANITARY SERVICES.

SANITARY DEPARTMENT,  
PUBLIC HEALTH CHAMBERS,  
JOHNSTON TERRACE,  
EDINBURGH. *June 1958.*

To

*The Corporation of the City of Edinburgh.*

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Sanitary Department of the City of Edinburgh for the year 1957. The various duties allotted to the department are classified under appropriate headings and all relative data included in the appendices.

Mr James F. Anderson, retired on age limit from the post of Chief Sanitary Inspector on 12th August 1957, so that most of the work done during the year was under his administration. He had been Chief Sanitary Inspector for seven years and much useful work for the benefit of the citizens was undertaken during his term of office.

In view of extra duties falling upon the staff by recent legislation and in anticipation of new legislation in 1958, the opportunity was taken towards the end of the year to re-organise the establishment of the department.

The city has been divided into six divisions, each with four district inspectors, including the divisional inspector who is responsible for the other inspectors in his division. In the past, inspectors had hard and fast ward boundaries but under the new arrangement they are more mobile and, in view of the necessity for special surveys of large areas of the city under the Housing Act and Clean Air Act, inspectors can be transferred for this purpose from their districts which can be covered for routine matters by the remaining inspectors in the division.

## Housing.

The local authority have decided on a long-term policy for the demolition of unfit houses either by way of Clearance Areas or Re-development Areas.

The majority of the tenants in the St Leonard's (Dumbiedykes) Re-development Area have been re-housed and the clearance of the site by demolition of the buildings has commenced. Surveys have been made of other areas and it is hoped that during 1958 at least two other Clearance Areas will be under way affecting approximately 676 houses. Detailed plans have been made by this department for the progression of this work during the next five years, and outline plans for the next 5-10 years.



Under the Rent Acts, applications continue to be received from tenants for certificates of disrepair. During the year 221 applications were received and it is interesting to note that in the great majority of applications the main item of disrepair was the condition of the window. In most cases this was due to lack of simple maintenance by the owners of sash ropes and the external painting of the woodwork of the frame and sashes. The regular and systematic painting of the windows would save the owners considerable expense in the long run and arrest the decay of frames, sashes and wood sill plates, which is such a common occurrence at present.

### Clean Air Act.

Preparations for the 2nd phase of the Sighthill Smoke Control Area affecting 1,000 houses, were undertaken during the year and if it is approved by the Secretary of State it should be in operation during 1958. It is proposed to follow immediately with the 3rd phase which will affect a further 2,000 houses.

Before a proposed smoke control area is submitted to the Secretary of State a survey has to be made which necessitates a visit to every house in the area ; the inspection of all fireplaces to ascertain if they are capable of burning smokeless fuels or whether they will require to be replaced by " standard " fires ; the interviewing of owners regarding the type of grate they propose to install; the estimating of the cost of the proposed adaption including the installation of gas ignition points and the estimating of the annual amount of smokeless fuel required when the " smoke control area " comes into operation.

During the year a number of industrial concerns replaced old " hand firing " methods with automatic stokers which will materially assist in the reduction of atmospheric pollution from industrial chimneys. In addition, several applications were received for " prior approval " in terms of the Clean Air Act for the installation of new furnaces and boilers.

The work of the department is reported in detail under the sections which follow.

## HOUSING.

### Clearance Areas.

Progress was made during the year with the re-housing of families from the St Leonard's (Dumbiedykes) Comprehensive Development Area. At the end of the year 78 per cent. of the families had been rehoused and demolition of tenements and commercial buildings in Holyrood Square had commenced.

Confirmation was received from the Secretary of State on 7th November, 1957, for the Clearance Area in Spey Street. It was not necessary for a Public Inquiry to be held as no objections were lodged by any of the owners. At the end of the year 57 per cent. of the houses had been vacated and the tenants rehoused.

The following table shows the Clearance Areas undertaken by the local authority since 1923 :—



### Housing (Scotland) Acts, 1919-1925.

<i>Scheme.</i>	<i>No. of houses dealt with.</i>	<i>Population.</i>
Cowgate-Grassmarket, 1923 ... ..	630	1,429
Leith, 1924 ... ..	678	2,444
Canongate-Corstorphine, 1927 ... ..	293	556
St. Leonards (1st Section), 1927 ... ..	752	2,619
St. Leonards (2nd Section), 1929-30 ... ..	1,544	5,375
Totals ... ..	<u>3,897</u>	<u>12,432</u>

### Housing (Scotland) Act, 1930.

<i>Scheme.</i>	<i>No. of houses dealt with.</i>	<i>Population.</i>
Ann Terrace, etc., 1934 ... ..	87	301
Trafalgar Lane, Leith, 1934 ... ..	152	571
Maryfield, etc., Portobello, 1935 ... ..	78	253
New and Old Broughton, etc., 1935 ... ..	108	225
Couper Street, etc., Leith, 1936 ... ..	327	1,186
Abbeyhill (1st and 2nd Sections), 1936 ... ..	57	192
Albert Cottages, etc., 1936 ... ..	41	200
Canongate (Duncan's Close, etc.), 1936 ... ..	37	121
Canongate (1st Section), 1937 ... ..	152	323
Morrison Street, etc., 1937 ... ..	37	58
Meadowbank Cottages, etc., 1937 ... ..	77	352
Lauriston, High Riggs, etc., 1938 ... ..	178	538
Abbeyhill (3rd Section), 1938 ... ..	25	92
Lapicide Place, etc., Leith, 1938 ... ..	91	248
Totals ... ..	<u>1,447</u>	<u>4,660</u>

### Housing (Scotland) Act, 1950.

<i>Scheme.</i>	<i>No. of houses dealt with.</i>	<i>Population.</i>
Burns Street, Leith, 1952 ... ..	88	297
Calton Road, 1953 ... ..	72	208
Spey Street, 1956 ... ..	93	204
Totals ... ..	<u>253</u>	<u>709</u>
Grand total since 1923 ... ..	<u>5,597</u>	<u>17,792</u>

### Town and Country Planning (Scotland) Act, 1947, and the Housing (Declaration of Unfitness) (Scotland) Regulations, 1948.

<i>Scheme.</i>	<i>No. of houses dealt with.</i>	<i>Population.</i>
St Leonard's (Dumbiedykes) Comprehensive Development Area, 1955 ... ..	151 (unfit houses) 55 (not unfit)	
Totals ... ..	<u>206</u>	<u>546</u>

### Individual Unfit Houses.

During the year 61 houses were dealt with in terms of Section 9 of the Housing (Scotland) Act, 1950, either by the making of Demolition Orders, Closing Orders or the acceptance of Statutory Undertakings from the owners.

In addition the owners of 36 houses gave Voluntary Undertakings that the houses would not be re-let for human habitation in the event of the occupiers obtaining other accommodation.

The House-letting Department re-housed 121 families from unfit houses and the houses were subsequently closed.

The following table shows the number of individual unfit houses dealt with since 1923 :—

#### Housing (Scotland) Acts, 1919-1950.

		<i>No. of houses.</i>	<i>Population.</i>
Housing (Scotland) Acts, 1919-1925	...	272	979
Housing (Scotland) Act, 1930	...	2,053	6,438
Housing (Scotland) Act, 1950	...	389	1,148
		<hr/>	<hr/>
Total	...	2,714	8,565
Voluntary Undertakings from owners	...	331	1,070
		<hr/>	<hr/>
Grand Total since 1923	...	<u>3,045</u>	<u>9,635</u>

### Overcrowding.

Certificates relative to overcrowding in dwelling houses were submitted to the House-letting Department on behalf of 2,293 applicants for Corporation houses, an increase of 578 as compared with the previous year. The House-letting Department rehoused 1,621 families from overcrowded houses or overcrowded sub-let rooms, an increase of 454 from the previous year.

### Bug-infestation of Houses.

The scheme adopted by the local authority in 1934 to prevent the transference of bug-infested furniture to new houses continues to give entire satisfaction. During the year the houses and household effects of 4,896 prospective Corporation tenants were examined by the district sanitary inspectors and lady inspectors and 23 or 0·47 per cent. of that number were found to be bug-infested. The number of bug-infested houses found continues to fall each year due in no small measure to the appreciation of the tenants of the efficiency of the modern insecticides including D.D.T. Since the scheme was put into operation 60,654 houses have been inspected and 4,464 or 7·35 per cent. have been found to be bug-infested.

The furniture from bug-infested houses is removed in special pantechnicons to the fumigation chamber at Powderhall and there subjected to hydrocyanic acid gas for a period of two to three hours. The bedding and bed-clothes are treated in the steam disinfector. The furniture and bedding are

thereafter delivered direct to the new houses. Since 1934, when this work was commenced, 3,921 fumigations have been carried out, including 40 for the year under report.

### Supervision of Rehousing Areas.

The houses in the rehousing areas were visited regularly by lady sanitary inspectors and the results continue to be most gratifying.

Close contact is made with housewives, and by sympathy and understanding they are encouraged to adopt careful and cleanly habits. In the course of the visits the following matters are noted :—

- (a) The size of the family, including the number of male and female inhabitants, with the ages of children. Where serious overcrowding is found to exist the House-letting Department is notified.
- (b) Where sub-letting takes place, or any lodgers are kept, the matter is reported to the House-letting Department.
- (c) The condition of each room, kitchenette, bathroom, etc., is observed and any matters requiring the attention of the occupier are pointed out and advice given where necessary.
- (d) Particular attention is paid to the possibility of bug-infestation with a view to adequate measures being adopted.
- (e) Any structural defects are noted and passed on to the City Architect's Department.
- (f) The condition of the stairs and passages is closely observed and any departure from the cleaning rotation is brought to the notice of the defaulter.
- (g) Any complaints received regarding alleged overcrowding, keeping of lodgers or sub-tenants, keeping of animals, or failure to wash stairs are investigated.
- (h) Houses in which infectious disease occurs are visited and the necessary enquiry form completed for the information of the Medical Officer of Health.
- (i) The occupiers frequently ask advice about domestic and family matters which is given where possible and provides opportunity for closer understanding between the lady inspector and the occupiers.

During the year 20,969 visits were made to 15,432 houses, and the following table shows the condition of the houses at the end of 1957, as compared with the previous year.



	Clean	Percentage of total	Fair	Percentage of total	Dirty	Percentage of total	Total Houses Visited
31st Dec. 1956	12,910	95.63	578	4.28	12	0.09	13,500
31st Dec. 1957	14,724	95.51	671	4.34	37	0.23	15,432

In addition to the aforementioned routine visits the lady sanitary inspectors made 660 visits regarding Certificates of Overcrowding; 2,775 enquiries on behalf of the House-letting Department; 714 enquiries regarding infectious disease in Corporation houses; inspected 43 staircases in housing areas re stair-painting; visited 73 tenements re stair-washing byelaws; miscellaneous complaints totalled 2,092; visits were made to 89 premises as to suitability for inclusion in the Apartments Booklet, issued by the Transport Department.

### Housing (Repairs & Rents) (Scotland) Act, 1954, and Rent Act, 1957.

The Rent Act, 1957, came into force on 6th July, 1957. This Act permitted owners to increase the rent of dwelling-houses under £40 rental by 25 per cent. irrespective of any repairs having been carried out in the house or for the benefit of the house. This increase is known as the "rent increase." Where an owner already had a "repairs increase" under the 1954 Act he is permitted to increase the rent by a further 10 per cent. making a total increase of 50 per cent. If an owner has carried out repairs to the value of not less than three-fifths of the rent over a period of 12 months he may substitute a "repairs increase" for a "rent increase" but four months' notice of intention to do so must be given to the occupier. To obtain a "repairs increase" or "rent increase" the house has to be in good and tenantable repair and in no other respect be unfit for human habitation.

"Repairs for the purpose of these Acts includes maintenance but does not include improvements, structural alterations or the provision of additional or improved fixtures or fittings.

If on receipt of a notice of increase, either "repair increase" or "rent increase," or at any time thereafter the tenant is not satisfied that either or both of the conditions justifying the increase of rent are fulfilled, he may apply to the local authority for a certificate of disrepair. When a certificate is granted the local authority must serve a copy on the landlord. The certificate is treated as having been in force since the date of the application and so long as it is in force no repairs increase is recoverable.

After a certificate of disrepair has been granted and the owner has carried out the necessary repairs to the satisfaction of the local authority, he is entitled, on application, to have the certificate revoked. The landlord has a right of appeal to the Sheriff against the local authority's decision to (a) grant a certificate of disrepair; or (b) refuse to revoke a certificate of disrepair.

During the year 221 applications were received for certificates of disrepair. Certificates were granted in 126 instances; 63 were refused and 13 tenants



withdrew their application. 25 applications were received from owners for revocation of certificates of disrepair and 23 were granted ; 1 was refused and 1 application was withdrawn by the owner.

Appendix 15 shows the return of certificates issued by the local authority between 30th August, 1954 and 31st December, 1957.

## GENERAL SANITATION.

### Nuisances and Structural Defects.

During the year, 9,067 nuisances and structural defects in dwelling-houses and other premises were dealt with by the department. Of this total, 6,916 or 76.27 per cent. were discovered or reported upon by the district inspectors, 2,049 or 22.59 per cent. were notified by citizens and 102 or 1.12 per cent. were notified by other city departments. To bring these structural defects to the notice of the owners of the property concerned 310 intimations of Existence of Nuisance in terms of the Public Health (Scotland) Act, 1897, were served. In 103 of these cases no appropriate action was taken and Statutory Notices had to be served to effect the required improvements.

New apparatus fitted in water closet apartments numbered 12 and a further 24 were improved or repaired. In 6 cases water closets and sinks were found to be in a dirty condition and were subsequently cleansed and 34 chokages were cleared.

One new sink was introduced into premises and 15 insanitary sinks were abolished. Thirty-nine repairs were carried out to sinks and surrounding woodwork. Choked sinks, wash tubs, etc., numbered 17 and there were 3 wash-hand basins renewed or introduced. Ten Intimations in terms of the Edinburgh Corporation Order, 1926, were served in connection with the renewal of sinks and water closets and since no action resulted in 2 of these cases, Statutory Notices had to be served.

Various repairs to drains, soil pipes, sink waste pipes and rain water conductors totalled 65 and there were 143 choked drains and 4 surface traps cleared. With regard to the domestic water supply it was found necessary to have 186 cisterns cleaned or covered while 45 cisterns were repaired or renewed. The number of houses temporarily without water supply due to burst pipes, etc., numbered 44. Notices served regarding the cleaning of water cisterns totalled 195.

Repairs to houses relating to floors, hearths, doors, walls, windows, coal bunkers, grates, ranges, boilers and ceilings amounted to 522.

General nuisances in connection with dwelling-houses and other premises totalled 5,703 including dirty houses, offensive smells, dampness, smoky vents, overcrowding, floodings, animals, accumulations of rubbish, manure, noise nuisances and infestations by rats, mice, bugs and other pests. Complaints of tenants casting bread or garbage over windows in 74 instances necessitated the serving of 673 Notices cautioning them about this offence.

In the course of the year, 679 staircases were painted at the instance of the department. This was achieved by the serving of 3,891 Notices. Another cause

of unsatisfactory conditions in stairs and passages was the neglect by persons to take their turn of sweeping and washing the stair in 471 instances.

There were 67,711 inspections made in all during the year. Details of nuisances abated and defects remedied are given in Appendix 1 and inspections in Appendix 2.

### Noise Nuisance.

Complaints under the heading of noise nuisance amounted to 58 during the year. Thirty-five of these complaints were the result of excessive noise from neighbours' houses and included television and radio sets, musical instruments and defective smoke dispersers. There were twenty-three complaints of noise from industrial premises and these included railway engines, road drills, night building operations, factory machines, ice-cream machines and refrigerators in shops and night telephones in a taxi office.

It was found generally that representations by the department on behalf of the complainers were received sympathetically and it was possible to improve matters so as to prevent cause for further complaints.

In the case of one long-standing complaint of noise nuisance occasioned in the course of business by a large manufacturing concern, a survey was carried out in the vicinity of the factory to determine the actual machines which were heard most clearly by residents. Later a noise level survey carried out by the firm concerned confirmed our findings and the use of the machine found to be chiefly responsible for the complaints has been discontinued on nightshift.

### Places of Public Entertainment.

In the course of their duties, the district inspectors frequently inspected theatres, cinemas and other places of public entertainment to ensure that reasonable hygienic standards were being maintained. Any matters requiring attention were brought to the notice of the management who had them rectified.

### Offensive Trades.

The offensive trades registered within the city comprise 4 tanners, 1 gut scraper, 1 glue and size maker, 1 soap boiler, 2 tripe cleaners, 5 manure manufacturers, 2 fellmongers, 2 tallow melters, and 2 skin and hide factors, making a total of 20. Inspections showed that the provisions of the Bye-laws requiring the prevention of offensive effluvia, the inoffensive disposal of obnoxious waste, the limewashing of walls, the cleansing of floors and utensils and the thorough flushing of drains were being observed.

### Common Lodging Houses.

Details of lodging houses and other houses controlled by the Bye-laws are given in Appendix 4. Regular inspection of these premises was carried out to ensure that the terms of the Bye-laws were being observed. Two lodging houses, 17 James Court and 57 Tolbooth Wynd, Leith, closed during the year.

## Hairdressers and Barbers.

There are 325 premises registered in the city as Hairdressers and Barbers which are inspected periodically by the district inspectors. With regard to equipment and cleanliness of shops it is pleasing to note that improvements continue to be made as a result of these visits.

## RODENT AND INSECT CONTROL.

### Rats and Mice.

The method of rodent and mouse control has been the extensive use of Warfarin. This has proved most effective and normal infestations were cleared up in a few days. Warfarin poison with a medium oatmeal base has distinct advantages over other poisons in as much as rats and mice do not become bait shy and no prebaiting is necessary. The poison acts slowly and rats and mice once they start to consume the bait invariably return for more.

There were no heavy infestations during the year. This is probably accounted for by the fact that farmers and pig breeders are now taking regular precautions to reduce the number of rats and mice on their premises and thereby minimise the damage to buildings and food stores which could be quite extensive.

Surveys of shops, factories, mills, etc., were carried out throughout the city and where evidence of vermin was found, occupiers were advised as to the best method of abating the nuisance and the steps which should be taken by rat-proofing, etc., to prevent a recurrence.

In a number of cases rats gained entrance into premises from defective drainage systems. The co-operation of the City Engineer's staff was of considerable importance in having suspected drains tested and the necessary repair work executed.

The baiting of sewer manholes with poison baits was also carried out and re-inspection revealed good takes.

Upon intimation being received from the Electricity Board that electricity junction boxes showed evidence of rats, these were inspected and where necessary poison baits were laid down.

Circular letters were sent to farmers drawing attention to their obligations under the Prevention of Damage by Pests (Threshing and Dismantling of Stacks) (Scotland) Order, 1950. The co-operation of the City Police was also secured in notifying this department of farms where threshing was in operation.

Details of the number of premises visited, complaints and other matters dealt with are shown in Appendix 9.

### Disinfestation of Bug-infested Houses.

The number of bug-infested houses treated during the year was 45, comprising 53 apartments. Of this number 11 were treated as precautionary measures, being located in old buildings and in close proximity to previously known infestations. Opportunity is taken when such houses become vacant to spray them with a strong insecticide.

A comparison of the number of bug-infestations treated during the year



1957 and the numbers dealt with over the last 5 years is significant, as the following figures show :—

1953	bug-infestations treated	...	143
1954	„ „ „	...	109
1955	„ „ „	...	104
1956	„ „ „	...	60
1957	„ „ „	...	42

Slowly but surely the bed bug is on the way out. With the demolition of old buildings and the development of new housing areas, it should only be a matter of time before this pest is eliminated.

### Beetles, Cockroaches, Wasps, Etc.

The number of apartments treated for infestations of beetles, cockroaches, fleas, wasps and other insects was 241 compared with 206 in 1956. This figure includes a number of vacant houses left in a dirty condition with accumulations of rubbish, sprayed at the request of the Lighting and Cleansing Department before cleaning operations were carried out. In nearly every case the houses had been occupied by elderly and rather helpless people who had either died or been removed to hospital.

### Wasps

It was not possible to visit all the wasp complaints received during the summer months. Wasps appeared to be everywhere, probably the worst invasion there has been for years. A number of bikes were destroyed but in the main, action was confined to giving advice regarding the choice and use of insecticides to keep the numbers down as far as possible. Wasps are easily killed with a 5 per cent. solution of D.D.T. in Kerosene Oil.

The table in Appendix 9 shows the number of apartments treated for verminous infestation in each ward, the total number being 294.

### ANTI-FLY CAMPAIGN 1957.

It is now ten years since the first organised anti-fly campaign was carried out in the city. It has been apparent for some time, and is particularly so this year, that the fly population is gradually diminishing. Although the weather on the whole was fairly cool this was not the sole reason for the obvious decrease in the number of flies found in premises which had in the past fairly heavy infestations, due to the nature of the business carried on.

There was a marked improvement in piggeries, many of the pig keepers are using insecticides and exercising more care in the storage and handling of swill and in the cleanliness of stys and courtyards. Stables, also, are being better kept, dungsteads are being emptied frequently and the sanitary conditions generally are very good.

Domestic dustbins, however, are still unsatisfactory, with too many open receptacles being used instead of properly covered bins. Now that the waste food bins have been removed from the streets, the household dustbin is more than ever an attraction to flies.



*Treatment.*

Treatment was commenced at the beginning of July and continued until October. During that period 224 premises were treated and of this number 111 were treated twice, making a total of 335 compared with a total of 345 in 1956. The Education authority made arrangements whereby the treatment of the kitchens and surroundings of school cooking centres was carried out by their own staffs. This was a most satisfactory arrangement, as the work was carried out frequently, and at suitable times, so as not to interfere with cooking, etc. The insecticides used during the campaign were 0.5 per cent. Lindane and 10 per cent. D.D.T. and Pyrethrum Powder. Aerosol fly sprays were also used effectively. All the Common Lodging Houses in the city were treated and kept under observation during the summer—few flies were seen and conditions generally were good.

*Results.*

The results of the campaign were most satisfactory. The weather was not conducive to fly breeding and this factor undoubtedly had some influence in the low number of flies, but nevertheless credit must be given to the work carried out by the department, particularly in the treatment of piggeries and other potential breeding places, and the extensive use of insecticides by the general public.

Appendix 9A shows in detail the number and types of premises treated.

**SMOKE ABATEMENT.**

The need for action to control the pollution of the atmosphere arising from the inefficient burning of bituminous coal has gained ever-increasing recognition in recent years and this important aspect of public health work has received fresh impetus from the Clean Air Act of 1956.

By this Act local authorities are now empowered to promote "smoke control" areas and it can be anticipated that in the very near future an increasing number of them will take advantage of these powers.

**Edinburgh Smokeless Zone.**

Under the provisions of the Corporation Provisional Order, 1950, Scotland's first smokeless zone was established in the Sighthill Area of the city. The Secretary of State confirmed "The Edinburgh Smokeless Zone Order (No. 1) 1955" and this Order, affecting an area extending to approximately 250 acres, came into operation on 1st March, 1957.

In establishing a smokeless area in the western periphery of the city, the Corporation took into consideration the advantages to be gained in respect that :—

- (1) It takes into account the direction of the prevailing wind.

- (2) Provides ample scope for development to the North and South.
- (3) Adjacent domestic dwellings are of recent construction and fitted with modern grates which call for little expense to adjust for the burning of smokeless fuels.
- (4) Storage of smokeless fuels, which in the case of coke is of greater bulk, presents less difficulty than in older properties.
- (5) This scheme would appear to bestow the greatest possible benefit to the city generally at the least possible cost.

### Smoke Control Areas.

**Sighthill Scheme.**—Since the establishment of the Smokeless Zone under the provisions of the “ Corporation Order 1950,” the Clean Air Act, 1956, has come into operation and the Corporation have approved of the extension of the Sighthill scheme.

During the past year a survey was undertaken in the second phase of the proposed scheme, covering 125 acres and including approximately 1,000 dwelling houses in addition to schools, offices and shops.

**Gracemount Experiment.**—This estate has been inhabited since the late summer and autumn of 1956 and while it has not been declared a “ Smoke Control Area ” within the meaning of the Clean Air Act, all tenants therein are required to burn smokeless fuel exclusively as a condition of tenancy.

A survey was carried out in this area during the past year with a view to ascertaining the possible problems which could arise from the domestic use of coke fires, including :—

- (1) Whether the use of coke fires had produced any deleterious effects upon the health of householders after three to four months exposure, and
- (2) Any other specific disadvantages inherent to coke as a fuel which might affect its use in the future.

The information gathered from this survey was to provide a basis upon which to formulate the future policy of the Corporation in regard to measures of smoke control in all future housing estates.

From the information received as a result of this survey, it was apparent that coke fires can be used with success in domestic premises and there is no specific evidence to support any suspicion that they might cause deleterious effects upon the health of families using them, provided that the flue remains efficient.

### Industrial Smoke.

Smoke pollution from industrial premises is caused by the careless and inefficient use of coal in boiler and process furnaces. Excessive smoke emissions can and should be prevented by attention to the essentials for the efficient combustion of solid fuels by means of well maintained, operated and adequate modern plant controlled by trained operators. Oil fuel lends itself to smokeless

combustion because of the ease of control and the ability of attaining the proper admixture of fuel and air supply. Gas fired boilers are completely smokeless.

From year to year improvements continue to be effected in the boilerhouses of industrial and commercial establishments and where departmental representations have been made, the following works have been executed.

	Type of Establishment			Technical Improvements
<b>Private :</b>	Brewery	...	...	Chaingrate stokers introduced.
	Chemical Works	...	...	Chaingrate stokers introduced.
	Engineering Works	...	...	New boiler plant and chaingrate stokers.
	Dye Works	...	...	Underfeed stokers introduced.
	Confectionery Works	...	...	Sprinkler stokers introduced.
	Warehouse	...	...	Oil fired plant introduced.
	Bottling Stores	...	...	Oil fired plant introduced.
	College	...	...	Oil fired plant introduced.
<b>Public :</b>	Public Baths	...	...	Underfeed stokers introduced.
	Wash House	...	...	Sprinkler stokers introduced.

Close watch of the various chimneys in the city was regularly kept and repeated visits of inspection were made to factories and other places as required.

Throughout the year 75 observations, each of one hour's duration, were made and 527 visits were paid to boilerhouses for the purpose of effecting improvement in the methods of fuel firing, with a view to minimising excessive smoke emissions.

### Atmospheric Pollution.

**Deposit Gauges.**—The department continues to co-operate with the Department of Scientific and Industrial Research in order to ascertain the extent of atmospheric pollution within the city and for this purpose three deposit gauges stationed as follows show the degree of pollution in these areas :—

- (1) Seafield (Leith Hospital).
- (2) Morningside (Astley-Ainslie Institute).
- (3) Glencorse (Reservoir).

In Appendix 5 the City Analyst's reports give the respective monthly records of the total solids deposited in tons per square mile, the sub-division thereof into soluble and insoluble solids, together with the rainfall in inches.

**Lead Peroxide Instruments.**—In addition to the deposit gauges, lead peroxide instruments are installed for the purpose of measuring the sulphur content of the atmosphere at the following sites :—

- 1 at Seafield.
- 1 at Astley-Ainslie Institute.
- 1 at Robb's Loan, Gorgie.

In Appendix 5A the monthly reports submitted by the City Analyst show the rate of sulphation expressed in milligrammes of  $\text{SO}_3$  per day per 100 square centimetres.



## Educational Measures.

Lectures on the domestic and industrial aspects of the smoke problem were given by the smoke abatement inspector to various interested associations.

A series of lectures were again held in the Heriot-Watt College and were well attended by boiler attendants and engineers.

## PET ANIMALS ACT, 1951.

Under this Act no person is permitted to keep a pet shop unless he is licensed by the local authority for that purpose. The licences are renewed annually on 1st January of each year.

In determining whether to grant a licence, the local authority have regard to the need for securing :—

- (a) that the animals will at all times be kept in accommodation suitable as respects size, temperature, lighting, ventilation and cleanliness ;
- (b) that animals will be adequately supplied with suitable food and drink and (so far as necessary) visited at suitable intervals ;
- (c) that animals, being mammals, will not be sold at too early an age ;
- (d) that all reasonable precautions will be taken to prevent the spread of infectious diseases ;
- (e) that appropriate steps will be taken in the case of fire or other emergency.

Applications were received from the occupiers of 24 shops in the city. The premises generally were found to be kept in a satisfactory manner, although in one instance the attention of the occupiers had to be directed to minor defects or lack of a proper standard of cleanliness. These were attended to and licences were issued to all the applicants.

## HEATING APPLIANCES (FIREGUARDS) ACT, 1952.

This is an Act to prohibit the sale or letting of certain heating appliances without an effective fireguard and under the Heating Appliances (Fireguards) (Scotland) Regulations, 1953, it is necessary for fireguards to be fitted to gas fires, electric fires, and oil heaters which are so designed that they are suitable for use in residential premises and are of such a type that, without a guard, there is a likelihood of injury by burning.

The schedule to the Regulations states that a guard shall be so constructed and fitted that when it is subjected to the tests specified therein, it satisfies the following requirements :—

### Probe Test.

1. (a) That when the special test probes are used on the heating appliance to which a guard is fitted, there is no manner in which the probe can, without applying undue pressure, be inserted through or round the guard so as to touch, in the case of a gas fire or oil heater, any heating element or any flame when the fire is burning, and in the case of an electric fire any heating element.



## Fabric Burning Test.

- (b) That when the heating appliance has been burning for not less than 30 minutes and not more than 60 minutes there is placed on the guard approximately in the middle thereof and in such a manner as to reach from the top to the bottom of the guard a piece of dry flannelette 4" wide, the flannelette does not smoulder or ignite within 10 seconds after being so placed.

## Strength of Guard.

2. The guard shall be so constructed and fitted that when the appliance is placed in a horizontal position it shall bear a load consisting of a flat disc 4" in diameter and 5 lbs. in weight on the guard midway between the fixing points and retained there for one minute without distortion. At the end of that period the weight shall be removed and the heating appliance shall then be capable of satisfying the probe test and the flannel test.

During the year several city firms retailing heating appliances were visited to ascertain whether the guards attached to the fires complied with the Act.

The approved tests were carried out on 224 fires and none failed to comply with the standards prescribed in the Regulations.

## FACTORIES ACT, 1937-48.

The number of inspections of factories with mechanical power was 895 and of factories without power 119, a total of 1,014.

Improvements under Part I—Health (General Provisions) of the 1937 Act numbered 250, which included 45 in bakehouses.

The tabulated statement showing the prescribed particulars on the administration of the Factories Act, which is prepared at the request of the Ministry of Labour and National Service was completed and sent to the Department as required by Section 128(3) of the Factories Act.

A copy of the statement is shown in Appendix 6.

A detailed statement of improvements effected in factories is also shown in Appendix 7.

Attention was given to the sanitary accommodation on building sites, where conditions on occasions left much to be desired. In the absence of a water carriage system, improvements were effected by the provision of chemical closets.

In addition to the improvements mentioned above, many adjustments were made to plans submitted to the Dean of Guild Court, to ensure that premises conformed to the requirements of the Act.

## Bakehouses.

These continued to be regularly and frequently inspected with a view to maintaining a satisfactory standard of cleanliness. The statutory requirements as to painting, lime-washing, etc., were carried out by the occupiers where necessary.

## SHOPS ACT, 1950.

Shops inspections carried out to ascertain if the provisions of the Act were being observed totalled 1,566.

### Contraventions.

Compliance with the Act and Local Orders were secured in several instances after warning letters were sent. On nine occasions failure to observe a weekly half-holiday necessitated court action.

### Christmas and New Year Periods.

The Secretary of State did not exercise his powers under Section 43(1) of the Act to suspend the general closing hours and closing orders during these periods. The local authority, however, in using their powers under Section 43(2), granted suspension throughout the city for all shops, with the exception of licensed premises, to remain open on Christmas and New Year's Eve until midnight.

### Arrangements for Health and Comfort.

Reference to Appendix 8 shows the work carried out in meeting the requirements of the health and comfort provisions of the Act. Many improvements in regard to sanitary accommodation have been effected, as well as more satisfactory conditions for the assistants with regard to heating and washing facilities.

All plans in connection with shops which come before the Dean of Guild Court are also examined, in order to ensure that the requirements of the Shops Act have been met. The guidance of the inspectors is often sought before plans are lodged by those who contemplate carrying out alterations on shops. Thus, many improvements are obtained which are not recorded. The enquiries are welcomed and, needless to say, assistance is willingly given, as experience has shown that many errors in planning and construction can be avoided at the outset, thus obviating necessary alterations later.

### Licensed Premises.

I record my appreciation of the close co-operation of the Chief Constable, Mr J. R. Inch, in the improvement of licensed premises in the city. The sanitary facilities in many public houses have been greatly improved in recent years.

## FOOD PREMISES.

Previous reports have given an indication of a greater consciousness being shown in many food establishments by the public demand for higher standards of food hygiene. As further evidence of progress in this direction, it has been gratifying to observe, in the course of inspection, the number of refrigerated cabinets and covered display counters which afford protection against contamination and which are easily cleaned.

When the Regulations under Section 13 of the Food and Drugs (Scotland) Act, 1956, are made by the Secretary of State, it will be possible to encourage this higher standard in all food premises.

Approval of premises to be used for the purpose of restaurants, snack bars and similar establishments continue to be made to the department and necessary improvements carried out to comply with existing sanitary requirements.

## SALE OF FOOD AND DRUGS ACTS, ETC.

During the year, 1,540 samples of food and drugs were procured for analysis as to their nature, substance and quality or to ascertain the correctness of the claims made on the labels. Of these 347 were statutory samples, which represented 71 different articles of food and drugs. Dr A. Scott Dodd, City Analyst, reported 11 or 3·17 per cent. as failing to comply with the legal requirements.

**Milk.**—As usual this commodity formed the greatest single item of food taken for analysis. The number of statutory samples taken was 163, and of these all but one were reported to conform with the presumptive standard of composition prescribed by the Sale of Milk Regulations, 1901. The sample which was adversely reported on being a border line case, a warning letter was sent to the farmer concerned. The average fat and non-fatty solids content of all milk samples taken, including the adulterated samples, was 3·79 per cent. and 3·78 per cent. respectively, much in excess of the presumptive standards of 3 per cent. and 8·50 per cent.

**Channel Islands Milk.**—Milk produced from cows of the Channel Jersey and Guernsey Breeds may be sold at a price exceeding the maximum price for other milks, provided a butter-fat content of 4 per cent. is maintained. To ensure that the Channel Islands "Certified" Milk sold in the city complied with the 4 per cent. butter fat standard, 55 test samples were obtained and submitted for chemical analysis. With the exception of 3 samples all met the statutory requirements. The fat content of the samples ranged from 3·88 to 3·90 per cent., giving an average of 4·80 per cent.

**School Milk.**—The milk supplied to the city schools under the Milk-in-Schools Scheme is of the following grades :—"Tuberculin Tested (Pasteurised)" or "Pasteurised." Of 71 samples taken, the average milk fat content was 3·76 per cent, a very satisfactory result.

**Ice-cream.**—The number of premises registered under the Ice-cream (Scotland) Regulations, 1948, at 31st December, 1957, for the manufacture, storage or sale of ice-cream was 225, two fewer than last year, while the number of vehicles registered for the sale of the commodity was 150, an increase of six. The premises were frequently inspected and observations made of the methods of manufacture and handling employed and these were generally found to be satisfactory. Stances and vehicles were also kept under supervision.



There were 117 samples of ice-cream purchased from various manufacturers and vendors in the city and submitted to Dr A. Scott Dodd, City Analyst, for chemical analysis. In addition 115 samples were sent to the Professor of Bacteriology at Edinburgh University for examination. The results were as follows :—

(a) *Chemical Analysis*.—Of the 117 samples of ice-cream submitted for chemical analysis 116 samples were obtained informally and one formally. The latter was found not to comply with the requirements of the Food Standards (Ice Cream) Order, 1953. Legal proceedings were taken against the manufacturer for selling ice-cream deficient in fat content. The accused pleaded guilty and a fine of £20 was imposed.

The average composition of all the samples submitted for chemical analysis, including five sub-standard samples, was—fat 8·83 per cent. ; sugar 17·41 per cent. ; and milk solids other than fat 10·71 per cent., which is considerably above the minimum legal requirements of 5, 10 and 7·5 per cent. respectively.

(b) *Bacteriological Examination*.—Of the 115 samples submitted for bacteriological examination 80 were considered satisfactory and the remainder unsatisfactory, 10 because they had a plate count of more than 100,000 bacteria per c.c., 17 because of coliform organisms present in 1/100th of a c.c. and 8 because of a plate count of more than 100,000 organisms per c.c. with coliform organisms present. Where the results of the tests were unsatisfactory, a special visit was made to the vendors premises and inspections made of the equipment, premises and stores, in order to detect and eliminate faults in manufacture, storage, handling of the commodity and in the cleaning and sterilisation of the equipment. Subsequent samples were invariably found to be satisfactory.

**Ice Lollies.**—There is no statutory definition or standard for the composition of iced lollies. This article is found to vary in composition. It generally consists of a frozen brightly coloured, stabilised, sweetened and flavoured solution with the addition of fruit juice in some cases.

Twenty samples of iced lollies were purchased from various manufacturers and vendors and examined for metallic contamination. Dr A. Scott Dodd reported 19 of the samples free from metallic contamination and the remaining sample to contain only a slight trace of copper, probably derived from worn or scratched surfaces of the moulds in which the lollies were frozen.

**Mince.**—Twenty-one samples of mince were purchased from various butchers' shops and 5 of these were reported as not conforming to the Public Health (Preservatives, etc., in Food) Regulations (Scotland). Legal action was taken against two of the offenders, each of whom pleaded guilty and fines totalling £30 were imposed.

**Sausages.**—Thirty-five samples of various descriptions were procured for chemical analysis. The City Analyst reported that, with the exception of 2 of these samples, the amount of preservative was within the limits sanctioned by the Regulations and that 13 of the samples were found to be entirely free from preservatives. Two butchers were prosecuted for selling beef sausages containing an excessive amount of sulphur dioxide and fines totalling £33 were imposed.



**Meat Pies.**—There being as yet no prescribed standard for meat pies, this commodity was sampled with special reference to the meat content. Seventeen small pies ranging in price from 3½d. to 9d. each were purchased from various suppliers and submitted for examination. The City Analyst reported that the filling of each pie in relation to the whole was found to be 37, 31, 33, 56, 58, 35, 48, 36, 50, 36, 29, 42, 24, 34, 37, 27 and 31 per cent., the meat content of individual fillings 44, 84, 74, 42, 48, 59, 43, 57, 40, 52, 63, 43, 73, 54, 54, 43 and 36 per cent. and the meat content in relation to the pie was 37, 26, 24, 24, 23, 21, 21, 21, 20, 19, 18, 18, 18, 18, 15, 12 and 12 per cent. respectively, while samples with 25 per cent. are generally accepted as satisfactory, those with less than 20 per cent. meat are distinctly on the low side.

**Fish Cakes.**—The Food Standards (Fish Cakes) Order, 1950, provides that fish cakes shall not contain less than 35 per cent. by weight of fish. One sample of fish cakes was found on analysis to contain less than the prescribed standard. Legal action was taken against the offender, who pleaded guilty and a fine of £15 was imposed. The explanation given on behalf of the accused for selling fish cakes with only 21 per cent. fish content was that at the particular time the shop manageress was off ill and the person in charge found it difficult to get just the right proportions. The Sheriff in fining the accused said, "You mean hardly call these fish-cakes at all. They are more like potato cakes with a smell of fish."

**Whisky.**—One sample of whisky was certified by the City Analyst to be deficient in alcoholic strength, being at least 36·90 degrees under proof, whereas it should have been not more than 35 degrees. Legal action was taken against the vendor, who pleaded guilty and was fined £25. The explanation given on behalf of the accused was rather interesting. It was alleged to have been his custom for many years to supply to the ladies who frequent the Jug Bar a refreshment each without charge, a few days after New Year, when they are short of money. The barman, as usual, selected a bottle of whisky for the ladies, removed some of the contents and added a glass of water. This change was considered quite appropriate as the contents of the bottle were not to be sold. The bottle, it was contended, was placed on the shelf next to the saleable stock and when the sampling officer called the barman served him from the wrong bottle. This explanation could not be accepted, in view of the fact that the sample was taken following a test sample purchased previously.

**Oranges.**—Seventeen oranges purchased of Spanish, Israeli, Cyprian, South African, Libyan and Italian origin were analysed in order to detect the possible use of thiourea, which, when sprayed on the skins to suppress mould and rot, may penetrate into the juice. The sale of citrus fruit containing this chemical would be an infringement of the Public Health (Preservatives, etc., in Food) Regulations (Scotland). It was reported, however, that no orange had been so treated.

**The Fertilisers and Feeding Stuffs Act, 1926.**—Inspections were made of premises throughout the city where fertilisers and feeding stuffs are prepared for sale and consignment and 6 samples of feeding stuffs and 2 samples of fertilisers were taken in the prescribed manner for the purpose of analysis by the Agricultural Analyst. These were certified to conform to the statutory statements in all respects with one exception, viz., a sample of Expeller Linsced Cake, which was found to be below the guarantee in albuminoids.

**The Merchandise Marks Act, 1926.**—Inspections were made of business premises in the city in connection with the marking of certain imported foodstuffs which, under the above Act and relevant Orders, must, on exposure for sale, bear an indication of the place of origin. Raw tomatoes, fresh apples and meat were the foods most commonly involved where incorrect marking or non-marking was found and warnings had to be given to a number of traders. The failures could be attributed to oversight or carelessness and in each case a subsequent visit proved that the reprimand had been sufficient to prevent a repetition of the offence.

**The Rag Flock and Other Filling Materials Act, 1951.**—At the end of the year the number of premises registered in accordance with the provisions of Section 2 of the Act was 13. This is a decrease of one over last year. Eleven samples of various kinds of specified filling materials were taken from registered premises in the city and submitted for testing to the City Analyst. The respective samples of washed flock, curled hair, coir fibre, mixed hair and fibre, sisal and feathers were subjected to the appropriate tests prescribed for each kind of material by the Rag Flock and Other Filling Materials Regulations, 1951. The City Analyst reported that the standard of cleanliness required by the Regulations had been complied with in each case.

**Pharmacy and Poisons Act, 1933, and Pharmacy and Medicines Act, 1941.**—The number of applications received from persons and firms desirous of being registered by the local authority for the sale of poisons included in Part II of the Poisons List was 303. This is a decrease of 20 over last year. All the applicants were duly registered. The various premises were visited periodically in order to see that the requirements of the Acts were fulfilled. Warnings were given to 3 shopkeepers for selling Part II poisons without being on the local authority's list of persons entitled to sell such articles; of these 2 were ultimately registered for the sale of Part II poisons but the other decided not to sell these goods and discontinued the sale forthwith.

**Milk Supervision.**—The number of premises registered for the sale of milk under the Milk and Dairies (Scotland) Act, 1914, was 638 at 31st December, 1957. These premises hold licences under the Milk (Special Designations) (Scotland) Order, 1951, for the sale of the various grades of milk, viz. "Certified," "Tuberculin Tested," "Tuberculin Tested (Pasteurised)," "Pasteurised" and "Sterilised."

During the year 459 samples of the various grades of milk were submitted

for examination to the Bacteriology Department of the University to determine the cleanliness of the milk and, where the samples were of heat treated milk, tests were applied to determine the efficiency of the heat treatment. The results of the various tests are to be found in Appendices 10 and 11.

The number of firms licensed to heat treat milk remains the same as last year, viz., five being licensed to pasteurise milk and one, in addition, to sterilise milk. The premises and plants of these firms were regularly inspected, when it was found that the structural condition and cleanliness of the premises were satisfactory and the plants and ancillary equipment kept in very good condition and in a high state of cleanliness and sterility. The efficiency of the plants in heat treating the milk is shown in the very satisfactory results obtained on samples of the processed milk; no samples of pasteurised milk failed the phosphatase test or sample of sterilised milk failed the turbidity test.

The "Certified" milk sold in Edinburgh comes mainly from farms in the Lothians, Lanarkshire, Berwickshire and Dumfriesshire. This grade of milk is bottled on the farm and consigned to shops and creameries in the city for distribution. Samples of each supply of milk were taken approximately once in every two months for bacteriological examination. The milk supply from 5 producers was very satisfactory but the remaining 13 had one or more failures. Most of the samples which failed to pass the prescribed tests had *Bacterium coli* present. A note of the unsatisfactory results was in each case sent to the Medical Officer of Health or Sanitary Inspector for the area where the milk is produced and the manager of the Creamery in Edinburgh. A repeat sample was taken and in most cases the results showed that an improvement had been effected.

During the year 18 complaints of foreign material in the milk and of dirty milk bottles were received from the public. These were investigated and in each case the necessary steps were taken to prevent a recurrence of the complaint. Only one complaint was received regarding the keeping quality of the milk.

## PORT SANITARY INSPECTION

### Shipping Arrivals.

Vessels which arrived at Leith Docks and Granton Harbour from foreign ports numbered 1,207, representing 930,449 tons, while vessels which arrived from home ports numbered 1,113, representing 518,995 tons. Foreign fishing vessels numbered 48, representing 3,345 tons, while British fishing vessels numbered 1,299, representing 130,298 tons. The total number of ships, including steamers, motor, sailing and fishing vessels was 3,667 with a total tonnage of 1,583,087 tons.

### Sanitation.

Under the Public Health (Scotland) Act, 1897, it is the duty of the local authority to cause an inspection to be made for the removal of nuisances and to secure proper sanitary conditions aboard ships lying within their district. In



giving effect to this requirement, the boarding, inspection and revisits of vessels totalled 1,325 and the insanitary conditions dealt with were 776, necessitating 295 verbal intimations.

Of the many insanitary conditions dealt with, the lack of cleanliness in respect of the floors, bunks and bedding, internal partitions and ceiling of crews' quarters and the offensive state of the latrines and other sanitary fittings were of the most frequent occurrence. The cleanliness of the bilges, drinking water tanks and the removal of garbage also called for careful supervision. The presence of bed-bugs in the crews' quarters was eradicated by efficient fumigation and the cockroach invasion of galleys, stores and living quarters was dealt with by similar measures or the use of insecticides.

A detailed statement of the insanitary conditions is appended to this report.

### Water.

The water supplied to the ships is identical to that of the city and is delivered by hydrants situated at the dock-side. The drinking water on board ships is generally found to be satisfactory and the importance of having a pure and plentiful supply is fully appreciated.

### Rat Destruction.

The total number of certificates granted during the year to masters of vessels was 115 all of which were exemption certificates. The total fees collected for these certificates was £275. In 4 cases it was necessary to request that poisoning and trapping be undertaken for the destruction of rats. The total number of rats killed on board ships in port and on quays and wharfs was 470.

Under the Prevention of Damage by Pests (Application to Shipping) Order, 12 Rodent Control Certificates were issued. The fees collected for these certificates totalled £10, 10s.

During the year an infestation of rats occurred in No. 7 shed Victoria Wharf and No. 4 shed Victoria Dock, causing considerable damage to goods stored in the sheds.

After five months of trapping and the use of Warfarin baits 65 rats were killed but the extent of the damage to the goods did not appreciably decrease. The situation called for a more speedy method of control and the Dock Commission and Shipping Company concerned agreed to the use of Sodium Fluoroacetate (1080).

The treatment of the sheds by 1080 was carried out over a period of three consecutive weekends and resulted in a kill of 138 rats and 8 mice. The work was done by a servicing contractor and under the supervision of the port sanitary inspectors.

Since this treatment was completed, no damage to the goods in the shed by rats has taken place and no further evidence of rats found during subsequent inspections.

Rat destruction methods were undertaken in the dock area by the Dock Commission staff and during the year 20,000 rodentic baits were laid in addition to continuous Warfarin baiting and trapping.



## Cleansing.

The Dock Commission continued to maintain a very high standard of cleanliness, the roads, wharfs, sheds and sanitary conveniences being regularly attended to throughout the area.

In the execution of the duties of the port sanitary section much valuable assistance has been received from H.M. Collector of Customs, the Board of Trade and the various shipping companies and agents to whom this opportunity is taken of expressing my thanks for their co-operation.

Appendices contain a detailed statement of the port sanitary work.

## PROSECUTIONS.

It was found necessary to institute legal proceedings in 17 cases in connection with the administration of the Acts, Orders, Regulations and Bye-laws. The total fines imposed amounted to £158. Details of these prosecutions are given in Appendix 14.

## STAFF.

I desire to express my cordial appreciation of the enthusiastic service rendered by all the members of the staff.

I am, My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

JAMES ROBERTSON, M.R.S.A. (Scot.),  
*Chief Sanitary Inspector.*

## NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1957.

WARDS																							
NATURE OF NUISANCE																							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	TOTALS
St Giles	Holyrood	George Square	Newington	Liberton	Morningside	Merchiston	Collinton	Sighthill	Gorgie/Dalry	Corstorphine	Murrayfield/Cramond	Pilton	St Bernard's	St Andrew's	Broughton	Calton	West Leith	Central Leith	South Leith	Craigentinny	Portobello	Craigmillar	
Water-Closets :—																							
Water-closets introduced ...	3	6	2	—	—	—	—	—	—	—	1	—	—	—	1	1	1	—	—	—	—	—	—
New apparatus substituted ...	—	—	—	—	—	—	1	—	4	—	—	—	1	2	2	2	—	—	—	—	—	—	—
Improved or repaired ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Water-closets and sinks in a filthy condition and cleansed ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Choked water-closets cleared ...	4	6	7	7	—	—	1	—	—	—	—	—	1	3	1	—	1	—	2	—	1	—	—
Sinks, Tubs and Wash-hand Basins :—																							
Sinks introduced ...	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Insanitary sinks abolished ...	3	2	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Earthenware sinks and tubs introduced ...	3	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Repairs (woodwork, etc.) ...	11	1	—	—	—	—	—	—	3	—	—	—	3	6	2	2	1	5	3	1	1	—	—
Choked sinks, wash-tubs, etc., cleared ...	1	2	2	—	—	—	1	3	—	—	1	—	—	1	1	—	—	3	1	—	1	—	—
Wash-hand basins renewed or introduced ...	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drains :—																							
Choked drains cleared ...	10	8	9	2	1	3	4	4	5	2	2	2	7	19	6	9	13	17	15	2	3	—	—
Choked surface traps cleared ...	1	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Drains repaired or renewed ...	—	—	—	1	1	—	1	—	1	—	—	1	1	1	—	—	1	2	4	—	—	—	—
Soil pipes repaired or renewed ...	1	3	1	—	—	—	—	—	1	—	2	—	—	7	1	2	2	—	—	—	—	—	—
Sinks, etc., waste pipes repaired or renewed ...	2	11	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Rain water conductors repaired or renewed ...	2	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Water Supply :—																							
Cisterns found dirty ...	13	22	6	15	12	9	6	—	2	2	2	23	—	2	3	17	2	3	2	16	8	2	—
Cisterns found without covers ...	—	2	2	4	2	—	—	—	—	2	—	4	—	—	1	2	—	2	—	—	—	—	—
Cisterns repaired or renewed ...	2	16	7	1	—	—	1	—	1	—	—	—	1	2	3	1	5	2	2	—	1	—	—
Water pipes repaired or renewed ...	1	7	3	—	—	—	—	—	—	—	—	—	4	2	—	4	1	4	1	—	—	—	—
Houses temporarily without water supply due to burst pipes, etc. ...	12	7	1	1	2	—	—	—	1	—	—	1	1	2	—	8	8	—	—	—	—	—	—
Repairs to Houses :—																							
Floors, hearths, doors, walls, etc., repaired ...	8	11	4	5	—	—	2	1	4	—	—	—	2	9	6	9	8	11	8	—	12	—	—
Windows and skylights repaired ...	14	35	8	9	—	6	—	—	20	—	2	1	12	17	13	10	8	11	9	1	9	—	—
Coal bunkers repaired or provided ...	—	5	1	1	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—
Grates or ranges repaired or substituted ...	—	6	—	—	1	—	—	—	2	—	1	—	1	1	1	—	—	—	2	—	—	—	—
Wall and ceiling plaster repaired ...	19	40	9	6	—	3	6	—	15	—	—	2	9	14	11	11	5	13	4	1	12	1	—
Defective roofs repaired ...	2	2	2	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—
Boiler of kitchen range renewed ...	1	—	—	—	—	—	—	—	1	—	1	—	—	2	1	1	—	—	—	—	—	—	—





[illegible]

## APPENDIX 3.

## NOTICES.

Intimations of existence of nuisance served ... ..	310
Intimations served in connection with the renewal of sinks and water-closets ...	10
Notices to remove nuisances served at the instance of the Local Authority ...	103
Notices served in connection with the renewal of sinks and water-closets ...	2
Notices delivered cautioning persons against casting garbage over windows ...	673
Notices served on occupiers failing to take due rotation of stair-washing and sweeping ... ..	166
Notices served for the cleaning of dirty areas, cellars, etc. ... ..	80
Notices served in connection with the painting of common staircases ... ..	3,891
Notices served in connection with the cleansing of water cisterns ... ..	195
Total ... ..	<u>5,430</u>

## SUMMARY.

Complaints by citizens ... ..	2,049
Complaints by other departments ... ..	102
Nuisances discovered and reported by District Inspectors ... ..	6,916
Total nuisances dealt with by Department ... ..	<u>9,067</u>

## APPENDIX 4.

## COMMON LODGING-HOUSES.

WARD	ADDRESS	ACCOMMODATION	
		Males	Females
	EDINBURGH		
1	75 Grassmarket ... ..	374	—
1	3 Guthrie Street ... ..	168	—
1	1 Pleasance ... ..	144	—
1	85 West Port ... ..	62	—
1	17 James Court ... ..	—	34
1	3 Merchant Street ... ..	—	72
1	5 and 7 Vennel ... ..	—	128
	LEITH		
19	5 Parliament Street ... ..	168	—
19	57 Tolbooth Wynd ... ..	22	—
	Totals ... ..	938	234

## FARMED-OUT HOUSES.

WARD	ADDRESS	No. of Houses	No. of Occupants
1	18 Blackfriars Street ... ..	15	46
Totals ... ..		15	46

## HOUSES-LET-IN-LODGINGS.

WARD	ADDRESS	No. of Houses	No. of Occupants
1	1 and 3 Blair Street ... ..	1	114
1	72 Grove Street ... ..	1	164
3	31 Clerk Street ... ..	1	16
Totals ... ..		3	294

## APPENDIX 5.

ATMOSPHERIC POLLUTION—MONTHLY RECORD OF DEPOSITS  
1957.

Month	Station	Rainfall in Inches	Tons per Square Mile		
			Insoluble Deposit	Soluble Deposit	Total Solids
January ...	1. Seafield ... ..	2.21	6.84	7.62	14.46
	2. Glencorse ... ..	4.37	1.44	5.68	7.12
	3. Astley Ainslie Institute ...	3.11	3.46	3.88	7.34
February	1. Seafield ... ..	1.62	5.59	5.35	10.94
	2. Glencorse ... ..	2.01	0.86	3.39	4.25
	3. Astley Ainslie Institute ...	3.98	3.53	9.31	12.84
March ...	1. Seafield ... ..	1.42	3.05	3.62	6.67
	2. Glencorse ... ..	2.01	0.72	2.84	3.56
	3. Astley Ainslie Institute ...	2.01	3.28	4.95	8.23
April ...	1. Seafield ... ..	0.55	5.96	0.64	6.60
	2. Glencorse ... ..	0.51	0.99	0.34	1.33
	3. Astley Ainslie Institute ...	0.87	4.98	1.90	6.88
May ...	1. Seafield ... ..	1.22	9.04	2.20	11.24
	2. Glencorse ... ..	0.43	0.61	1.37	1.98
	3. Astley Ainslie Institute ...	1.62	5.12	2.49	7.61
June ...	1. Seafield ... ..	1.06	10.12	2.98	13.10
	2. Glencorse ... ..	1.89	4.14	2.22	6.36
	3. Astley Ainslie Institute ...	...	...	...	...
July ...	1. Seafield ... ..	3.03	7.08	3.83	10.91
	2. Glencorse ... ..	6.80	2.87	7.70	10.57
	3. Astley Ainslie Institute ...	5.24	7.27	7.30	14.57
August ...	1. Seafield ... ..	2.17	7.42	3.52	10.94
	2. Glencorse ... ..	5.16	3.04	5.34	8.38
	3. Astley Ainslie Institute ...	3.11	6.54	2.21	8.75
September	1. Seafield ... ..	1.10	4.54	2.44	6.98
	2. Glencorse ... ..	1.93	1.58	2.22	3.80
	3. Astley Ainslie Institute ...	1.65	2.18	2.04	4.22
October ...	1. Seafield ... ..	1.34	5.18	3.69	8.87
	2. Glencorse ... ..	2.88	1.37	3.52	4.89
	3. Astley Ainslie Institute ...	1.02	4.81	2.35	7.16
November	1. Seafield ... ..	1.85	3.28	5.14	8.42
	2. Glencorse ... ..	1.81	0.89	2.12	3.01
	3. Astley Ainslie Institute ...	2.36	3.08	4.91	7.99
December	1. Seafield ... ..	1.58	5.96	4.77	10.73
	2. Glencorse ... ..	3.59	1.06	3.01	4.07
	3. Astley Ainslie Institute ...	2.17	2.91	2.70	5.61



## APPENDIX 5A.

MEASUREMENT OF SULPHUR CONTENT IN THE ATMOSPHERE  
BY THE LEAD PEROXIDE METHOD EXPRESSED AS MILLI-  
GRAMMES OF SO<sub>3</sub> PER DAY PER 100 SQUARE CENTIMETRES.

Station	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Seafeld ... ..	1·77	1·06	0·84	0·59	0·40	0·37	0·39	0·58	0·61	1·37	1·13	1·37
Astley Ainslie Institute ...	1·20	1·06	0·75	0·55	0·41	0·27	0·31	0·43	0·33	0·73	1·00	0·62
Robb's Loan, Gorgie ...	1·17	1·33	1·02	0·75	0·77	0·65	0·69	0·53	0·57	0·89	0·66	1·47

## APPENDIX 6.

## FACTORIES ACTS, 1937 and 1948.

Prescribed particulars on the administration of the Acts  
(Form No. 573).

## 1. Inspections.

Premises	Number on Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	238	119	1	...
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	2,029	844	12	...
(iii) Other Premises in which Section 7 is en- forced by the Local Authority (excluding out-workers' premises) ... ..	46	51	8	...
Total ... ..	2,313	1,014	21	...

## 2. Defects Found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness (S.1) ...	59	57	...	3	...
Overcrowding (S.2) ... ..	...	...	...	...	...
Unreasonable temperature (S.3)	...	...	...	...	...
Inadequate ventilation (S.4) ...	1	1	...	1	...
Ineffective drainage of floors (S.6)	...	...	...	...	...
Sanitary conveniences (S.7)—					
(a) insufficient ... ..	24	24	...	5	...
(b) unsuitable or defective ...	157	152	...	9	...
(c) not separate for sexes ...	1	1	...	2	...
Other offences (not including offences relating to homework)	15	15	...	...	...
Total ... ..	257	250	...	20	...

## 3. Outwork (Sections 110 and 111).

Number of outworkers in August lists ( <i>i.e.</i> , these residing in Edinburgh) ... ..	10
Nature of work :—	
Making wearing apparel .. ..	10

## APPENDIX 7.

## FACTORIES ACTS, 1937 AND 1948—STATEMENT FOR 1957.

1. INSPECTIONS MADE ... .. 1,014

## 2. DEFECTS REMEDIED. HEALTH (GENERAL PROVISIONS):—

*Cleanliness—*

Accumulations of dirt and refuse removed ... ..	5
Floors cleaned ... ..	6
Walls and ceilings cleansed (whitewashing, colourwashing, painting, varnishing or washing down) ... ..	46

*Ventilation—*

Improvements effected in general ventilation ... ..	1
---	---

*Drainage of floors—*

Means provided for ... ..	1
---------------------------	---

*Sanitary Conveniences—*

Absence of sanitary accommodation ; water-closets introduced ...	2
Additional water-closets introduced ... ..	13
Separate accommodation for sexes provided ... ..	1
Urinals introduced ... ..	9
New apartments constructed or reconstructed ... ..	15
W.C. or urinal removed to more sanitary situation ... ..	2
W.C. or urinal substituted ... ..	8
W.C. abolished owing to unsuitability or disuse ... ..	8
Intervening ventilated spaces provided ... ..	5
Lighting (natural) provided or improved ... ..	3
Lighting (artificial) provided ... ..	12
Ventilation provided or improved ... ..	5
Walls and ceilings found dirty and limewashed, etc. ... ..	56
Floors found dirty and cleaned ... ..	4
Appliances found dirty and cleaned ... ..	4
Choked water-closets cleared ... ..	2
Repairs to appliances, roofs, floors, walls, ceilings, doors, windows, etc. ... ..	3

211

*Miscellaneous—*

Sinks or washhand basins introduced or substituted ... ..	16
Main water supply introduced ... ..	8
Hot water supply introduced ... ..	9
Nuisances removed ... ..	3
General repairs to roofs, walls, ceilings, floors, windows, etc. ... ..	3

39

Total ... .. 250

*Bakehouses (defects in Bakehouses included in above statement)—*

Walls and ceilings of bakehouses limewashed, painted, varnished or washed down ... ..	15
Storerooms limewashed, painted or washed down ... ..	5
Water-closet apartments or cloakrooms painted or washed down ...	6
Floors of bakehouses and storerooms cleaned ... ..	4
Stair steps and passages cleaned ... ..	1
Sanitary appliances found dirty and cleaned ... ..	1
Accumulations of dirt and refuse removed ... ..	1
Bakehouse tables and utensils cleaned ... ..	4
Shelving, cupboards, racks, etc., cleaned ... ..	1
Baking machines and steam presses cleaned ... ..	3
Insect pests exterminated ... ..	1
Rats and mice infestation—nuisance abated ... ..	3

Total ... .. 45

## APPENDIX 8.

## SHOPS ACT, 1950—STATEMENT FOR 1957.

## INSPECTIONS MADE :—

Retail Shops, Wholesale Shops and Warehouses	...	...	...	...	1,566
Number of evenings on duty to check observance of Evening Closing Orders	...	...	...	...	2

## CONTRAVENTIONS REGARDING HOURS OF EMPLOYMENT, CLOSING ORDERS, ETC. :—

Hours of employment of young persons	...	...	...	...	1
Intervals for meals and rest periods...	...	...	...	...	1
Failure to observe closing of Hairdressers' Shop (Sec. 67)	...	...	...	...	1
Failure to observe Half-holiday Orders and Closing for Weekly Half-holiday	...	...	...	...	17
Failure to observe Evening Closing Orders or General Closing Hours	...	...	...	...	4

## NOTICES, ETC. :—

Failure to affix Form <i>re</i> Assistants' Half-holiday	...	...	...	...	4
Failure to affix Abstract of Act <i>re</i> hours of employment, etc.	...	...	...	...	2
Failure to affix form re-hours of employment	...	...	...	...	1
Failure to display Notice where shop is open for the carrying on of a certain Trade or Business ( <i>i.e.</i> , Mixed Shops)	...	...	...	...	7
Failure to affix Notice <i>re</i> seats for female shop assistants	...	...	...	...	1

## HEALTH AND COMFORT PROVISIONS :—

Ventilation—Improvements effected	...	...	...	...	...	5
Lighting—Improvements effected	...	...	...	...	...	6
Heating—Means provided or Improvements effected	...	...	...	...	...	20
Suitable facilities provided where meals are taken in premises	...	...	...	...	...	4

## WASHING FACILITIES :—

Water supply introduced	...	...	...	...	...	8
Main water supply provided	...	...	...	...	...	3
Sinks or wash-hand basins introduced	...	...	...	...	...	35
Sinks removed to more sanitary situation	...	...	...	...	...	1
Hot water supply provided	...	...	...	...	...	35
Repairs to appliances	...	...	...	...	...	8

## SANITARY ACCOMMODATION :—

Water-closets introduced	...	...	...	...	...	20
New water-closet apartments constructed or re-constructed	...	...	...	...	...	32
Water-closets substituted (or replacements)	...	...	...	...	...	4
Water-closets removed to more sanitary situation	...	...	...	...	...	2
Separate sanitary accommodation provided for sexes	...	...	...	...	...	11
Intervening ventilated spaces provided	...	...	...	...	...	24
Lighting and/or ventilation provided or improved	...	...	...	...	...	24
Repairs to appliances, walls, ceilings, floors, windows, etc.	...	...	...	...	...	2
Dirty water-closets : cleansed or limewashed	...	...	...	...	...	5

Miscellaneous repairs, etc., in shops	...	...	...	...	...	1
---------------------------------------	-----	-----	-----	-----	-----	---

## CLEANLINESS :—

Dirty walls and ceilings—painted or limewashed	...	...	...	...	...	34
Dirty floors, etc.	...	...	...	...	...	9
Accumulations of refuse removed	...	...	...	...	...	13
Other nuisances remedied	...	...	...	...	...	12

## INTIMATIONS, ETC. :—

Intimations served under Shops Act	...	...	...	...	...	4
Letters sent under Shops Act	...	...	...	...	...	28

## PROSECUTIONS :—

(a) Convictions	...	...	...	...	...	7
(b) Fines imposed	...	...	...	...	...	Nil

## APPENDIX 9.

## PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The following report was sent to the Department of Agriculture. The figures include surveys made under the Act :—

	Local Authority	Dwelling houses	Business	Agriculture	Total
No. of Properties inspected					
(a) Notification ...	14	379	89	1	483
(b) Otherwise ...	20	—	3,982	38	4,040
Total	34	379	4,071	39	4,523
No. of Properties found infested ...	33	375	317	39	764
No. of Properties cleared	22	344 (including 42 previous year)	224 (including 19 previous year)	8	598

Number of items of repair carried out ...	36
Electricity junction boxes treated ...	9
Sewer manholes treated ...	113
Notices served under Prevention of Damage by Pests Act, 1949	—
Total visits made ...	6,242

## Complaints of Rat or Mouse Infestation.

Wards ...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Complaints received	22	15	17	5	30	6	5	34	34	11	8	15	5	44	34	20	17	50	44	12	14	23	12	483
Infestations abated	21	9	12	4	33	6	4	32	33	10	11	13	5	42	34	21	24	49	40	15	10	20	16	464
Visits made ...	51	54	54	14	110	21	21	158	140	48	24	35	19	182	129	84	53	259	204	47	37	67	47	1,864

\* 61 of the infestations were notified in the previous year.

**Insect Infestation.**—The following table shows the number of apartments treated for verminous infestation in each ward—the total number being 294.

Wards ...		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total	
<b>Bugs—</b>																										
Infestations ...	..	...	19	2	—	—	—	1	—	—	—	—	—	1	—	4	—	5	2	4	2	—	—	2	42	
Suspected ...	...	...	4	4	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	11	
<b>Other Insects</b>	..	...	22	7	13	9	3	1	3	17	11	19	—	4	14	6	16	3	17	2	19	9	17	20	9	241
Total ...		45	13	13	9	3	1	4	17	11	19	—	4	15	7	20	3	22	4	24	11	17	20	12	294	



## APPENDIX 9A.

## ANTI-FLY CAMPAIGN.

## Various Premises and Areas Treated, 1957.

Wards ...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Dairies and farms ...	-	1	-	-	11	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	2	-	17
Fish and meat trade premises	-	-	-	-	1	-	-	-	-	-	-	-	2	-	-	-	-	3	1	-	-	-	-	7
Garden and other refuse tips...	-	-	-	-	1	-	-	3	-	1	4	-	-	5	-	1	-	-	-	2	1	6	-	24
Emergency housing areas, hospitals, institutions, etc. ...	2	-	-	1	-	-	-	3	-	-	-	-	1	2	-	-	-	-	1	-	1	-	1	12
Piggeries ...	-	-	-	1	17	-	1	18	2	1	16	2	-	-	1	-	-	-	-	1	5	5	-	7
Stables ...	3	3	1	2	3	-	4	7	1	2	3	-	-	2	-	-	-	-	3	2	-	2	-	38
Yards and areas ...	18	1	1	-	2	1	1	2	3	-	2	-	-	1	2	-	-	-	5	3	2	-	-	44
Common lodging-houses ...	5	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	7
Dwelling-houses ...	1	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	-	-	-	-	5
Total ...	29	6	3	4	35	1	6	33	6	5	25	5	3	10	2	2	-	3	13	7	5	15	6	224

Number of premises treated for second time, 111. TOTAL, 335.

## APPENDIX 10.

## MILK TESTING SCHEME.

## Number of Samples taken for Bacteriological Examination :

Certified ...	129
Tuberculin Tested (Bottled) ...	20
Tuberculin Tested (Pasteurised) ...	97
Tuberculin Tested (Pasteurised—School) ...	68
Pasteurised ...	121
Sterilised ...	24
	<hr/>
	459

## APPENDIX 11.

## SUMMARY OF RESULTS.

## Tuberculin Tested (Pasteurised), Pasteurised and Sterilised Milks.

Grade of Milk	Total Number of Samples Taken	Total Number Passing All Tests	CLASSIFICATION OF FAILURES	
			Phosphatase Test	Coliform Test
T.T. Pasteurised ... ..	97	93	...	4
T.T. Pasteurised (School) ...	68	63	...	5
Pasteurised ... ..	121	118	...	3
Sterilised ... ..	24	24	...	...

## Certified and Tuberculin Tested Milks.

Grade of Milk	Total Number of Samples Taken	Total Number Passing All Tests	CLASSIFICATION OF FAILURES		
			Plate Count	Phosphatase Test	Coliform Test
Certified ... ..	129	100	4	20	5
Tuberculin Tested ... ..	20	15	...	2	3

## APPENDIX 12.

## PORT SANITARY INSPECTION

## Annual Statement—Year 1957

Ships boarded and inspected	...	...	...	...	...	794
Re-visits made	...	...	...	...	...	558
Nuisances discovered	...	...	...	...	...	776
Nuisances abated	...	...	...	...	...	757
Communications written	...	...	...	...	...	4
Notices served	...	...	...	...	...	Nil
Verbal warnings	...	...	...	...	...	295
Ships fumigated or otherwise treated for vermin by owners	...	...	...	...	...	17
Fumigation Certificates granted	...	...	...	...	...	Nil
De-ratting Certificates granted	...	...	...	...	...	Nil
De-ratting Exemption Certificates granted	...	...	...	...	...	115
Rodent Control Certificates granted	...	...	...	...	...	11
Rats exterminated	...	...	...	...	...	470
Rats submitted for bacteriological examination	...	...	...	...	...	14
Found negative	...	...	...	...	...	14
Rat destruction measures in dock area—baits laid	...	...	...	...	...	20,000
Fees collected	...	...	...	...	...	£286 10 0

## Nuisances Discovered.

Accumulations of garbage, refuse, etc.	...	...	...	...	...	287
Choked and defective scuppers	...	...	...	...	...	17
Choked and defective latrines	...	...	...	...	...	15
Choked and defective sinks	...	...	...	...	...	8
Choked and defective wash-basins	...	...	...	...	...	11
Dampness in quarters	...	...	...	...	...	2
Dirty floors, tables, decks, etc.	...	...	...	...	...	154
Dirty bunks and bedding	...	...	...	...	...	85
Dirty partitions and ceilings	...	...	...	...	...	34
Dirty lockers	...	...	...	...	...	45
Dirty and offensive bilges	...	...	...	...	...	6
Dirty fresh-water tanks	...	...	...	...	...	3
Dirty galleys, food stores, pantries, etc.	...	...	...	...	...	11
Dirty wash places	...	...	...	...	...	19
Foul closets and latrines	...	...	...	...	...	21
Foul sinks	...	...	...	...	...	15
Foul baths	...	...	...	...	...	4
Foul wash-basins	...	...	...	...	...	8
Presence of rats and mice	...	...	...	...	...	2
Presence of cockroaches	...	...	...	...	...	16
Presence of bugs	...	...	...	...	...	1
Miscellaneous	...	...	...	...	...	19

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 776

## APPENDIX 13.

## PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS, 1952.

## Edinburgh Port Health District.

1. Amount of shipping entering the Port in 1957 :—

	Number	Tonnage
(1) Foreign ... ..	1,207	930,449
(2) Coastwise ... ..	1,113	518,995
Total ... ..	2,320	1,449,444

2. Total number of vessels subjected to measures of rat destruction in 1957.

## “ A ”

No. of Vessels subjected to measures of Rat destruction	On Ships		On Shore		No. of dead Rats found Infected with Plague	
	*No. of Dead Rats recovered	No. of Rats examined bacteriologically	*No. of Rats destroyed (other than on Ships)	No. of Rats examined bacteriologically	On Ships	On Shore
4	13	Nil.	457	14	Nil.	Nil.

\*Species of rats found (a) On Ships :—Black and Brown.

(b) On Shore :—Black and Brown.

## “ B ”

No. of Vessels fumigated by SO <sub>2</sub>	No. of Dead Rats recovered	No. of Vessels fumigated by HC <sub>N</sub>	No. of Dead Rats recovered	No. of Vessels in which poisoning, etc., was employed	No. of Dead Rats recovered	No. of De-ratting Certificates Issued	No. of De-ratting Exemption Certificates Issued
Nil.	Nil.	Nil.	Nil.	4	13	Nil.	115

3. Number of vessels (included in (2) above) de-ratted before discharge of cargo :—

Nil

State briefly the nature of the cargo and the results of the measures taken.



## APPENDIX 13—continued.

“ C ”

## PRECAUTIONS AGAINST PLAGUE.

Particulars relating to vessels infected, or suspected, or from infected ports.

Date of arrivals 1957	Whether infected, suspected, or from infected ports	Measures of Rat Destruction	No. of Rats killed	Whether a Certificate of De-ratting granted	Remarks
Nil	Nil	Nil	Nil	Nil	Nil

No plague “ infected ” or “ suspected ” vessel or vessel from infected port arrived during the year.

“ D ”

Vessels other than those dealt with in Table “ C ” subjected to measures of rat destruction.

No. of Vessels fumigated by SO <sup>1</sup>	No. of Rats killed	No. of Vessels fumigated by HC <sup>1</sup>	No. of Rats killed	No. of Vessels in which poisoning etc., was employed	No. of Rats killed	No. of De-ratting Certificates issued	No. of De-ratting Exemption Certificates issued	Remarks
Nil.	Nil.	Nil.	Nil.	4	13	Nil.	115	Ropes and hawsers rat guarded.

## APPENDIX 14.

Reports of Prosecutions instituted by the Sanitary Department during the year ended  
31st December, 1957

No.	Nature of Contravention	Act or Regulation Contravened	Court Where Tried	Result
1	Failure to comply with a notice requesting removal of accumulation of rubbish.	Edinburgh Corporation Order, 1933, Section 116.	Burgh ...	£2 Fine.
2	Adulteration of "sweet" milk ...	Food and Drugs (Adulteration) Act, 1928, Sections 2 and 28 (4).	Sheriff ...	£10 Fine.
3	Failure to wash Common Passage ...	Bye-Laws for Cleansing of Common Stairs.	Burgh ...	Admonished.
4	Preservative in beef sausages ...	Food and Drugs (Scotland) Act, 1956, Section 2 and the Public Health (Preservatives, etc., in food) Regulations (Scotland).	Sheriff ...	£5 Fine.
5	Failure to wash Common Passage ...	Bye-Laws for Cleansing of Common Stairs.	Burgh ...	£3 Fine.
6	Adulteration of whisky ...	Food and Drugs (Scotland) Act, 1956, Section 2.	Sheriff ...	£25 Fine.
7	Failure to remove nuisance caused by disrepair of windows.	Public Health (Scotland) Act, 1897, Section 20.	Burgh ...	Admonished— Work carried out.
8	Preservative in mince ...	Food and Drugs (Scotland) Act, 1956, Section 2 and the Public Health (Preservatives, etc., in Food) Regulations (Scotland).	Sheriff ...	£20 Fine.
9	Preservative in beef sausage ...	Do.	Do. ...	£8 Fine.
10	Preservative in mince ...	Do.	Do. ...	£10 Fine.
11	Manufacture, storage and sale of Ice-cream without a Certificate of Registration.	Ice-Cream (Scotland) Regulations, 1948, Section 4 (1).	Sheriff ...	£10 Fine.
12	Failure to wash Common Passage ...	Bye-Laws for Cleansing of Common Stairs.	Burgh ...	10/- Fine.
13	Preservative in beef sausages ...	Food and Drugs (Scotland) Act, 1956, Section 2 and the Public Health (Preservatives, etc., in Food) Regulations (Scotland).	Sheriff ...	£25 Fine.

## APPENDIX 14—continued.

Reports of Prosecutions instituted by the Sanitary Department during the year ended 31st December 1957—continued.

No.	Nature of Contravention	Act or Regulation Contravened	Court Where Tried	Result
14	Deficiency of Fat in Ice-cream ...	Food Standards (Ice-Cream) Order, 1953, Article 3 and Article 1 of the Food Standards (General Provisions) Order, 1944, as amended.	Sheriff ...	£20 Fine.
15	Deficiency of Fish in Fish Cakes ...	Food Standards (Fish Cakes) Order, 1950, Article 2 and Article 1 of the Food Standards (General Provisions) Order, 1944, as amended and Food and Drugs (Scotland) Act, 1956, Sections 60 (4) and 40 (1).	Sheriff ...	£15 Fine.
16	Failure to remove nuisance caused by dis-repair of window.	Public Health (Scotland) Act, 1897, Section 20.	Burgh ...	£3, 10/- Fine.
17	Failure to wash Common Stair and Passage.	Bye-Laws for Cleansing of Common Stairs.	Burgh ...	£1 Fine.

## APPENDIX 15.

## HOUSING (REPAIRS AND RENTS) (SCOTLAND) ACT, 1954.

Return of Certificates issued by the Local Authority under Part II of the above Act between 30th August 1954 (the date of the commencement of the Act) and 5th July 1957.

## I. Certificates of Disrepair issued under Section 18(1) of the 1954 Act.

	No. of Applications for Certificates	Granted	Refused	Withdrawn or still under consideration	No. of Applications for Revocation of Certificates *	Granted	Refused	Withdrawn or still under consideration
(a) Dwelling-houses which have been the subject of a notice of repairs increase of rent under Part II of the 1954 Act ... ..	298	76	203	19	55	52	1	2
(b) Dwelling-houses which have not been the subject of a notice of repairs increase of rent under the 1954 Act but in respect of which permitted increases of rent are recoverable under Section 2(1) (c) and (d) of the Increase of Rent and Mortgage Interest (Restrictions) Act, 1920 ... ..	55	30	8	17	11	11	Nil	Nil

\* Including applications for revocation of sanitary certificates issued under the pre-1954 Act procedure but still in force at 30th August 1954.



II. Housing (Repairs and Rents) (Scotland) Act, 1954 and Rent Act, 1957.  
 Return of Certificates issued by the Local Authority between 6th July 1957 (the date of commencement of the 1957 Act) and 31st December, 1957, in respect of dwelling-houses which have been the subject of notice of a repairs increase of rent under the 1954 Act or a 1957 increase.

Certificates of Disrepair Section 18(1) of the 1954 Act: Section 8(1) of the 1957 Act.

No. of applications for Certificates since 6/7/57	Granted	Refused	Withdrawn	Still under consideration	No. of applications for Revocation of Certificates since 6/7/57	Granted	Refused	Withdrawn	Still under consideration
215	123	60	13	19	15	9	Nil	Nil	6

III. Certificates of (i) repair and (ii) refusal to grant repair certificate issued under Section 20 and the Second Schedule of the 1954 Act.

No. of Applications for Certificates of Repair	Granted	Certificates of Refusal Issued	Withdrawn or still under consideration	No. of Applications for Revocation of Certificate of Refusal	Granted	Refused	Withdrawn or still under consideration
4	2	2	Nil	Nil	Nil	Nil	Nil

# VETERINARY SERVICES.

## REPORT BY THE VETERINARY INSPECTOR.

### MILK AND DAIRIES.

**Milk and Dairies (Scotland) Act, 1914.**—During the year 156 visits were made to premises registered under the Milk and Dairies (Scotland) Act, 1914, for the purpose of supervising the cleanliness of the dairy premises and the methods of milk production.

At December, 1957, there were 16 registered dairy herds within the city boundary. The total number of cows in these herds was approximately 550. During the year one certificate of registration was cancelled.

**Milk (Special Designations) (Scotland) Orders, 1951 and 1952.**—During the year 13 producers held licences for the production of designated milk; two of these related to "Certified" milk and eleven to "Tuberculin Tested" milk. The "Certified" licences were held by Messrs N. N. Little & Sons in respect of milk produced at Brachead Mains and Cammo Home Farm, Barnton.

**Bacteriological Examination of Milk.**—During the year 118 routine samples of milk were examined :—

	Samples taken
Certified ... ..	18
Tuberculin Tested ... ..	86
Non-designated ... ..	14
	<hr/> 118

**Certified Milk.**—The standard laid down in the above Orders for Certified Milk is that the bacterial count should not exceed 30,000 bacteria per ml., and *B. coli* should be absent from 0.1 ml. All samples complied with the bacterial standard but five failed because of the presence of *B. coli* in 0.1 ml.

**Tuberculin Tested Milk.**—One sample had a bacterial count in excess of the prescribed limit of 200,000 per ml., nine had *B. coli* present in 0.01 ml., and one sample failed both tests.

In cases where *B. coli* was present in two consecutive samples taken at a farm, the methods of washing and sterilising equipment were supervised and advice given.

**Biological Results.**—During the year six samples were taken for biological examination for the presence of Myco. tuberculosis. In last year's report it was stated that the milk from one herd in the city had shown a positive result for tuberculosis on guinea pig inoculation. It was stated that on clinical examination of the herd all cows udders were normal, and that all the animals had passed the tuberculin test. Further tests were carried out this year at the Department of Agriculture Veterinary Laboratory on the milk from this farm, and one sample produced a suspicious lesion on guinea pig inoculation. Further tests, however, showed that although the lesion resembled tuberculosis, it was not caused by the tubercle bacillus.

Five samples were taken from other herds in the city, but all were negative. This means that all samples for the past five years have been negative and it is very doubtful, in view of the fact that all cows in this area are now in attested herds, whether this test is really necessary.

## INSPECTION OF MEAT.

**Abattoir.**—The new sheep lairage which accommodates 800-900 sheep has proved exceedingly useful, particularly when the fields adjoining the slaughter-house have become very muddy during wet weather. A start has been made by the Fatstock Marketing Corporation in building their Meat Market and Cold Store in the small paddock adjoining the Meat Inspection block. The number of cattle killed during the year shows an increase of 1,022 ; pigs an increase of 1,315 ; but sheep show a reduction of 5,047. This reduction is largely due to the fact that fewer sheep were killed for the London Market.

The number of animals passing through the abattoir during 1957 is shown in the following table :—

Oxen	...	...	...	...	...	29,363
Bulls	...	...	...	...	...	133
Cows	...	...	...	...	...	5,918
Heifers	...	...	...	...	...	3,311
						<hr/>
						38,725
Calves	...	...	...	...	...	5,450
Sheep	...	...	...	...	...	181,292
Swine	...	...	...	...	...	42,000
						<hr/>
						267,467

**Carcases and Offal Condemned in Abattoir.**—Carcases partially or wholly condemned in the city abattoir weighed 88.05 tons. To this there falls to be added 129.75 tons (weight estimated) of condemned offal, making a total of 217.8 tons. Comparison between the weight of meat seized on account of tuberculosis with other non-tuberculous diseases shows that tuberculosis was responsible for 55.71 per cent. of all beef seized and destroyed and 2.55 per cent. of pork.

Number and weight of carcasses in the different classes of animals condemned at abattoir during 1957 :—

Class of Animals	Totally Condemned		Partially Condemned		Total Weight in lbs.
	Number	Weight in lbs.	Number	Weight in lbs.	
Oxen ...	48	26,037	624	37,792	63,829
Bulls ...	—	—	5	224	224
Cows ...	57	23,951	231	12,753	36,704
Heifers ...	5	1,832	38	1,367	3,199
Calves ...	48	2,089	16	139	2,228
Sheep ...	454	20,868	1,394	17,426	38,294
Swine ...	233	31,810	1,570	21,912	53,722
Total ...	845	106,587	3,878	91,613	198,200

Comparison between tuberculous and non-tuberculous diseases as causes of condemnation in carcasses of animals slaughtered in abattoir during 1957 :—

By Numbers	CATTLE						Swine	Sheep	GRAND TOTAL
	Oxen	Bulls	Cows	Heifers	Calves	TOTAL			
Tuberculous ... {	26	—	9	1	1	37	6	—	43
	330	2	93	10	1	436	12	—	448
Total and Partial ...	356	2	102	11	2	473	18	—	491
Non-tuberculous {	22	—	48	4	47	121	227	454	802
	294	3	138	28	15	478	1,558	1,394	3,430
Total and Partial ...	316	3	186	32	62	599	1,785	1,848	4,232

By Weight	Tuberculous (lbs.)	Non-tuberculous Disease (lbs.)	Percentages Tuberculous
Oxen ... ..	44,523	19,306	69.75
Bulls ... ..	146	78	65.18
Cows ... ..	12,428	24,276	33.86
Heifers ... ..	820	2,379	25.63
Calves ... ..	120	2,108	5.39
Sheep ... ..	—	38,294	—
Swine ... ..	1,370	52,352	2.55

55.71



Number of organs condemned in the different classes of animals at abattoir during 1957 (excluding organs of animals totally condemned) :—

Organs Condemned	CATTLE						Swine	Sheep	GRAND TOTAL
	Oxen	Bulls	Cows	Heifers	Calves	TOTAL			
LUNGS AND HEARTS :—									
Tuberculosis ...	758	9	206	36	1	1,010	15	—	1,025
Other Causes ...	1,905	4	129	66	9	2,113	7,321	3,641	13,075
BOWELS :—									
Tuberculosis ...	298	1	81	11	—	391	5	1	397
Other Causes ...	78	3	100	4	—	185	451	531	1,167
STOMACHS :—									
Tuberculosis ...	26	—	6	1	—	33	2	—	35
Other Causes ...	159	2	48	4	—	213	266	290	769
SPLEENS :—									
Tuberculosis ...	18	—	4	—	—	22	—	—	22
Other Causes ...	7	1	2	—	—	10	12	26	45
LIVERS :—									
Tuberculosis ...	255	—	42	8	—	305	9	—	314
Other Causes ...	9,602	8	549	92	10	10,261	2,168	6,352	18,721
KIDNEYS :—									
Tuberculosis ...	11	—	1	1	—	13	—	—	13
Other Causes ...	132	4	106	14	2	258	460	130	848
UDDERS :—									
Tuberculosis ...	—	—	2	—	—	2	—	—	2
Other Causes ...	—	—	367	1	—	368	278	18	664
HEADS :—									
Tuberculosis ...	374	4	105	19	3	505	857	—	1,362
Other Causes ...	570	5	31	35	—	641	131	8	789
SKIRTS :—									
Tuberculosis ...	71	—	9	2	—	82	—	—	82
Other Causes ...	757	—	91	12	—	860	5	20	885
TOTAL ...	15,021	41	1,879	306	25	17,272	11,980	11,017	40,269

Percentage incidence of tuberculosis in animals slaughtered at abattoir during 1957 :—

Cattle	{	Oxen ...	...	3.95	}	...	3.86
		Bulls ...	...	9.02			
		Cows ...	...	4.55			
		Heifers	...	1.66			
Calves	...	...	...	...	...	0.92	
Swine	...	...	...	...	...	2.08	

The infected calves originated in herds in which several reactors to the tuberculin test had been found. The animals were a few weeks old and the distribution of the lesions indicated a post-natal infection.

Number of carcasses in the different classes of animals slaughtered during 1957 and causes of condemnation :—

Causes of Condemnation	CATTLE										Swine		Sheep	
	Oxen		Bulls		Cows		Heifers		Calves					
	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial
Tuberculosis ... ..	26	330	—	2	9	93	1	10	1	1	6	12	—	—
Emaciation and Oedema ...	3	3	—	—	9	5	—	—	19	—	24	9	244	46
Abscess and Sepsis ... ..	3	70	—	—	2	20	—	3	7	5	90	303	67	294
Septic Pneumonia and Septic Pleurisy ... ..	2	14	—	—	1	—	—	2	4	3	35	164	18	438
Pneumonia and Pleurisy ...	—	16	—	—	—	2	—	—	—	—	2	82	1	24
Peritonitis and Septic Peritonitis	1	30	—	2	2	25	—	—	1	—	10	177	7	139
Bruising and Fractures ...	—	44	—	—	3	31	—	13	—	7	—	264	15	151
Arthritis and Septic Arthritis	—	5	—	—	—	8	—	1	—	—	3	301	13	207
Mastitis and Lactating Udders ...	—	—	—	—	—	20	—	1	—	—	—	193	—	12
Acute Mastitis ... ..	—	—	—	—	2	—	—	—	—	—	—	—	9	—
Skin Tuberculosis ... ..	—	10	—	—	—	—	—	—	—	—	—	—	—	—
Actinomycosis ... ..	2	98	—	1	—	9	—	5	—	—	—	1	—	—
Acute Enteritis ... ..	1	—	—	—	—	—	—	—	1	—	13	—	—	—
Tumours ... ..	2	1	—	—	2	2	—	—	—	—	3	3	6	5
Septic Metritis ... ..	—	—	—	—	2	6	—	—	—	—	8	3	13	7
Septic Pericarditis ... ..	1	—	—	—	2	—	1	—	—	—	—	2	1	1
Hernia ... ..	—	—	—	—	—	—	—	—	—	—	—	13	—	60
Uræmia ... ..	—	—	—	—	1	—	1	—	—	—	4	—	2	—
Gangrene ... ..	2	—	—	—	—	—	—	—	—	—	2	—	5	—
Acute Erysipelas ... ..	—	—	—	—	—	—	—	—	—	—	3	29	—	—
Melanosis ... ..	—	2	—	—	—	—	—	—	—	—	—	3	—	—
Nephritis ... ..	—	—	—	—	—	4	—	2	1	—	1	9	2	2
Dead, Moribund, Ill-Bled and Decomposed ... ..	2	—	—	—	2	—	—	—	6	—	12	—	183	—
Fat Necrosis ... ..	—	1	—	—	—	2	—	1	—	—	—	1	—	1
Toxæmia ... ..	—	—	—	—	4	—	1	—	6	—	18	—	23	—
Cysticercus Bovis ... ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Johnes Disease with Emaciation	1	—	—	—	10	3	—	—	—	—	—	—	—	—
Jaundice ... ..	—	—	—	—	2	—	1	—	8	—	5	—	1	—
Swine Fever ... ..	—	—	—	—	—	—	—	—	—	—	4	—	—	—
Odour ... ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Spondylitis ... ..	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Adenomatosis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	6
Osteohæmatochromatosis ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—
	50	624	—	5	59	231	5	38	54	16	243	1570	611	1394

**Laboratory Report.**—Routine bacteriological examination of the bile from casualty animals for food poisoning organisms has been carried out as in previous years.

**Summary of Work.**—Bile samples were taken from 1,185 animals and cultured for food poisoning bacteria. Innumerable blood smears were examined for anthrax. These had been taken from animals which had either died in the lairage or markets or from animals that have shown large spleens at the time of slaughter.

No cases of anthrax were encountered.

**Cultures.**—1,185 Cultures were examined.  
961 were negative.

The remainder were composed of :—

196 *B. coli*.

13 Enterococci.

9 Paracolon.

2 Pasteurella.

2 Staphylococci.

1 *C. renale*.

1 Salmonella.

*B. coli* is present in the gut of all food animals and is of little significance from the meat inspector's point of view.

Non-lactose fermenting organisms include the *Salmonellæ* and the Paracolon organisms, both groups being recognised as possible causes of food poisoning. The case of Salmonellosis occurred in a pig carcass and was caused by *S. cholerae suis*. Although the organism was recovered only from gall bladder and gut the carcass was seized because of its fevered appearance.

Paracolon organisms are met with much more frequently and are usually confined to the gall bladder and intestine. This was true in respect of the nine cases encountered this year although it was found necessary to condemn all the carcasses for other reasons (bad bleeding, setting, etc.).

The *Staphylococci* were of a hæmolytic strain and were recovered from cows affected with acute septic mastitis. In one case this took the form of gangrenous mastitis. Both carcasses were condemned. *C. renale* was recovered from both kidneys of a pedigree shorthorn heifer. There was no evidence of uræmia and the carcass was passed after the seizure of kidney and kidney fat.

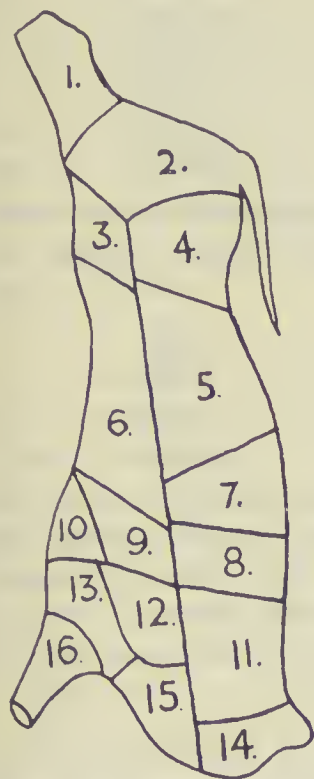
Actinobacillosis infection which is commonly found in the neck glands and lungs of sheep was recovered on one occasion from a brain abscess in a lamb. On another occasion this infection was found in miliary form in the lungs of an ox. This is only the second occasion that this pathological picture has been seen in recent years in cattle slaughtered at Gorgie abattoir.

**Cysticercus Bovis (Measly Beef).**—The following table shows the incidence of *Cysticercus Bovis* during 1957 :—

Month				C. bovis	Number of Cattle Killed
January	...	...	...	31	3,306
February	...	...	...	28	3,016
March	...	...	...	28	3,640
April ...	...	...	...	24	2,756
May ...	...	...	...	26	3,144
June ...	...	...	...	26	2,617
July ...	...	...	...	33	2,626
August	...	...	...	21	3,702
September	...	...	...	29	3,184
October	...	...	...	29	3,236
November	...	...	...	19	4,150
December	...	...	...	21	3,348

which means that there were 315 cases out of a total of 38,725 cattle, representing 0.81 per cent. of the total. There were two generalised cases.

One of the generalised cases—a young bullock of Irish origin—seemed to have a very heavy infestation and it was decided to make a count of the number of cysts. The meat in one half of the carcase was cut into very thin slices and an accurate count made. The following diagram and data show the number found in the half carcase:—



1. Fleshy Hough ... ..	85
2. Round Steak ... ..	305
3. Thick Flank ... ..	186
4. Heugh Bone ... ..	84
5. Sirloin Roast ... ..	53
6. Flank ... ..	230
7. Rib End of Sirloin ... ..	48
8. Rib Roast ... ..	25
9. Thin Runner ... ..	126
10. Nine Holes ... ..	86
11. Shoulder ... ..	155
12. Thick Runner ... ..	408
13. Brisket ... ..	199
14. Neck ... ..	781
15. Skirt ... ..	166
16. Fore Hough ... ..	135

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Number of Cysts found in Half Carcase ... .. 3,072

In addition 678 cysts were found in the head and tongue and 150 in the heart, giving a total of 828 cysts. Therefore in the whole carcase there was a grand total of 6,972. The finding of such a heavy infestation underlines the importance of careful routine inspection for this parasite.

The external masseter muscles and the heart were the most common sites in which the parasite was found. All carcasses which showed evidence of infection, except the two generalised cases, were sent to cold store for three weeks at 20° F. as laid down in the Public Health (Meat) Regulations (Scotland) 1932. The two generalised cases were condemned.

**Actinobacillosis.**—The number of cattle which showed Actinobacillosis was 301 which gives an incidence of 0·78 per cent. Of that number 181 had the disease in the structures of the head only.

**Condemned Carcasses.**—As in past years, all condemned carcasses have been converted in the IWEL plant at Gorgie abattoir into meat and bone meal after the abstraction of fat for soap manufacture.



**Livestock Markets.**—Sales of fat cattle, sheep and pigs were held every Tuesday in the premises of Messrs John Swan and Sons and Messrs Oliver and Son Ltd. Messrs W. Bosomworth and Sons held their sales in the Corporation market.

The following table indicates the number of animals passing through the markets during 1957 :—

Cattle	...	...	...	...	...	22,992
Calves	...	...	...	...	...	3,108
Sheep	...	...	...	...	...	176,722
Swine	...	...	...	...	...	23,618
						<hr/> 226,440 <hr/>

The market for store stock was held on Wednesday of each week. The following table shows the number of animals passing through the store market :—

Cattle	...	...	...	...	...	23,511
Sheep	...	...	...	...	...	116,469
Swine	...	...	...	...	...	54,051
						<hr/> 194,031 <hr/>

The inspection of the markets was carried out on behalf of the Ministry of Agriculture and Fisheries throughout the year by the veterinary inspectors. One cow and five sheep were found suffering from diseased conditions, and instructions given to the auctioneers to remove them from the market. Seven weak calves were also found and they were removed to the abattoir for immediate slaughter.

**Approval of Meat Storage.**—Article 15 of the Public Health (Meat) Regulations (Scotland) 1932, requires persons selling meat from vans, carts, etc., who do not also keep an open shop for the sale of meat, to obtain from the local authority a Certificate of Approval of the accommodation provided for the storage of meat overnight. Three applications were received during 1957 and the storage accommodation provided in each case was satisfactory.

## INSPECTION OF OTHER FOODS.

**Imported Egg.**—During the year a total of 207 egg samples were taken and submitted to Edinburgh University Bacteriological Department for examination for the presence of Salmonella. I wish to acknowledge the fine work of Dr Wright and her staff in carrying out this extensive examination.

**Chinese Egg Albumen.**—The recommended heat treatment process for the destruction of Salmonella infection of crystalline albumen is to subject the crystals to a temperature of 130° F. for 6 days. As the albumen is imported in large tins weighing 100 lbs., it is necessary for the heat treatment to be prolonged for 10 days in order that the albumen in the centre is properly pasteurised. During the year 413 x 100 lb. cases were treated by the Edinburgh Hygienic Co., and bacteriological examination of all samples following the treatment proved negative for the presence of Salmonella.

Egg Albumen and Dried Egg imported from Denmark through Leith has been subjected to bacteriological examination before release from the docks. During the year thirty-four consignments were received and eight were positive for *S. typhi-murium*. All the eight infected consignments were returned to Denmark.

Fifteen consignments of Frozen Egg White were imported from Holland during the year, and consigned to cold stores in the city. In the early part of the year 5 per cent. sampling was carried out but in view of the continued negative results it was decided that 3 per cent. sampling would be sufficient. In no case was there any evidence of *Salmonella* infection. In view of the fact that it is not possible to keep frozen egg in the docks a further thirteen consignments were sent direct to Cold Store in Glasgow, one consignment to Aberdeen and one to Dundee. Results of bacteriological examination carried out in these cities showed no evidence of infection.

**Bulk Whole Egg.**—As eggs are now produced in sufficient numbers in the country to more than meet the demand by the public, attention has been directed to the breaking out of eggs and freezing them in bulk for subsequent use in the Baking Industry. Two firms in the city were engaged in this work and bacteriological checks were made on the product to obtain some information on the degree of contamination. This work was carried out in co-operation with Dr J. D. Coghlan of the University Bacteriological Department.

The eggs are delivered to the firms in wooden boxes usually from a cold store. Female operatives in protective clothing each pick up an egg and break it over a knife edge into a plastic or stainless steel cup. After ascertaining that the egg is sound, it is then decanted into a stainless steel or plastic pail. When the pail is full the contents are passed through a strainer, cooled and then poured into 28 lb. tins. They are then frozen hard as soon as possible.

Samples for bacteriological examination were taken just before canning.

Bacterial counts varied from less than 1,000 to as high as 800,000. In both plants *B. coli*, both typical and atypical, were recovered and in order to find the cause, samples were taken at various points along the plant.

As the work must only be regarded as preliminary it would be wrong to draw definite conclusions, but the following points would seem to be important :—

- (i) Age of eggs. When the eggs are kept for some weeks even in cold store, the number of organisms which grow at 22° C. seem to increase quite markedly.
- (ii) The skilful operator can detect signs of staleness by means of colour changes as well as by sense of smell.
- (iii) Plant hygiene. The knife edge, breaking cups, must be sterilised every half hour and the pails as soon as they are emptied. The strainers should be similarly treated, although this may not be practicable. The whole plant should be steam sterilised twice daily. The female workers should wash their hands carefully when the knife edge is changed.

The two firms co-operated very well in this work and generally speaking the end product could be regarded as satisfactory.

No Salmonella organisms were recovered from any of the samples taken.

**Meat Contracts.**—Periodic visits were made to School Meals Cooking Centres in order to check the quality of meat supplied by butchers. Samples of sausages were taken and submitted to the City Analyst to ensure they had the proper meat content. Sixty-seven visits were made by the officers of the Veterinary section to various hospitals in the city, by arrangement with the Regional Hospital Board, to check the quality of meat supplied by the butcher-meat contractors.

**Retail Shops, Street Hawkers, etc.**—Periodical visits were made during the year to shops, etc., in which foodstuffs were prepared or exposed for sale. In addition, the fish market at Newhaven was visited daily for the purpose of inspecting the fish exposed for sale there.

During routine inspection, inspectors not only examined a percentage of food exposed for sale but noted the cleanliness or otherwise of the premises, particularly of back shops, cellars, cold stores etc. In addition, they noted the condition of utensils, *e.g.* mincers, sausage machines, delivery baskets, etc.

Requests are still being received from shopkeepers who wish to obtain Condemnation Certificates for unsound foodstuffs so that they can claim credit from the wholesalers. As in past years, the chief commodity dealt with was tinned goods. During the year, 18,700 Condemnation Certificates were issued.

#### Number of Visits paid to Shops, etc., during 1957 :—

Fruit Markets	...	...	...	...	341
Provision Shops	...	...	...	...	3,038
Butchers Shops	...	...	...	...	864
Fish Markets	...	...	...	...	324
Live Stock Markets	...	...	...	...	312
Meat Sales and Cold Stores	...	...	...	...	2,098
Fruit Shops	...	...	...	...	573
Fish Shops	...	...	...	...	227
Restaurants	...	...	...	...	116
Cooking Centres and Canteens	...	...	...	...	120
Manufacturers' Premises	...	...	...	...	12
Bakeries, Baker's Shops	...	...	...	...	379
Householders	...	...	...	...	30
Miscellaneous Visits	...	...	...	...	129
					8,563

The weights of foodstuffs seized in markets, shops and other premises in the city during 1957 were as follows :—

	Weight in lbs.				
Soup	...	...	...	...	2,686 $\frac{1}{2}$
Milk	...	...	...	...	1,646 $\frac{1}{2}$
Jam	...	...	...	...	569 $\frac{1}{2}$
Vegetables	...	...	...	...	12,820 $\frac{1}{2}$
Beef	...	...	...	...	6,482 $\frac{1}{2}$
Meat	...	...	...	...	17,571 $\frac{3}{4}$
Cooked Ham	...	...	...	...	10,254 $\frac{3}{4}$
Pork	...	...	...	...	5,581



Fruit (Fresh) ... ..	2,205
„ (Tinned) ... ..	24,583 $\frac{1}{2}$
„ (Dried) ... ..	58
Poultry and Game ... ..	2,456 $\frac{3}{4}$
Fish ... ..	2,634
Cheese and Cheese Spread ... ..	2,849 $\frac{3}{4}$
Eggs (Frozen) ... ..	134
Sausages ... ..	591
Sauerkraut ... ..	30
Coconut Chips ... ..	1,320
Mutton ... ..	1,397
Salad Cream ... ..	12,381 $\frac{1}{4}$
Corn Flour ... ..	5,040
Miscellaneous ... ..	4,009 $\frac{3}{4}$
	<hr/>
	117,303
Equal to ... ..	52 tons, 7 cwts., 1 qr., 11 lbs.

### PORT FOOD INSPECTION.

The usual supervision was maintained at the docks to ensure the soundness of foodstuffs landed at the Port of Leith during 1957.

In September of this year a large consignment of tinned Dutch Shoulder Ham, on first examination was found to have 20 per cent. of blown tins. Bacteriological examination showed the presence of a mixed infection but the predominant micro-organism seemed to be strep. faecalis. The blown tins were removed but later examination of the consignment showed further unsound tins with liquefaction of the gelatine. In view of this the whole consignment of 573 tins was seized. As each tin weighed roughly 12 lbs., this represented a very heavy loss for the importer.

Imported foodstuffs inspected under the Public Health (Imported Food) (Scotland) Regulations, 1937, during 1957 :—

Country of Origin	Foodstuffs	Number of Consignments
Holland ... ..	Bacon ... ..	96
	Butter ... ..	114
	Cheese ... ..	95
	Fresh Pork ... ..	687
	Lettuce ... ..	107
	Apples ... ..	89
	Onions ... ..	49
	Carrots ... ..	61
	Canned Foods ... ..	1,543
	Canned Milk ... ..	4
	Egg Albumen ... ..	12
	Dehydrated Vegetables ... ..	21
	Pears ... ..	33
	Potatoes ... ..	4
	Eggs ... ..	56
	Melons ... ..	11
	Grapes ... ..	7
	Cabbage ... ..	16
	Cucumbers ... ..	43
	Jam ... ..	5
	Biscuits ... ..	7
	Tomatoes ... ..	75
	Cherries ... ..	11
	Frozen Strawberries ... ..	1
		<hr/>
		3,147



Denmark	...	...	Bacon	...	...	120	
			Butter	...	...	117	
			Eggs	...	...	127	
			Cheese	...	...	109	
			Marzipan	...	...	62	
			Poultry (Frozen)	...	...	7	
			Canned Foods	...	...	1,635	
			Egg Albumen	...	...	40	
			Fondant	...	...	20	
			Fresh Meat	...	...	8	
							2,245
Germany	...	...	Canned Meats	...	...	53	53
Belgium	...	...	Canned Foods	...	...	220	
			Carrots	...	...	14	
			Onions	...	...	38	
			Cabbage	...	...	22	
			Melons	...	...	17	
			Lettuce	...	...	20	
			Cucumber	...	...	16	
			Pears	...	...	23	
							370
France	...	...	Carrots	...	...	35	
			Onions	...	...	41	
			Canned Foods	...	...	145	
							221
							6,036

Imported foodstuffs condemned, rejected, or re-exported at the Port of Leith during 1957 :—

						Weight in lbs.
Carrots	...	...	...	...	...	41,356
Flour and Rice	...	...	...	...	...	862
Whole Chicken	...	...	...	...	...	157½
Egg Albumen	...	...	...	...	...	3,808
Cheese	...	...	...	...	...	44½
Pork	...	...	...	...	...	1,520
Shoulder Hams	...	...	...	...	...	6,011½
Black Grapes	...	...	...	...	...	2,120
						55,879½
Equal to	...	24 tons,	18 cwts.,	3 qrs.,	19 lbs.	

Summary showing total diseased and unsound foodstuffs dealt with by the department in the city during 1957 :—

						Weight in lbs.
At abattoir—carcases	...	...	...	...	...	198,200
—offal (weight estimated)	...	...	...	...	...	290,601
In shops, warehouses, etc.	...	...	...	...	...	117,303
At Port of Leith	...	...	...	...	...	55,879½
						661,983½
Equal to	...	295 tons,	10 cwts.,	2 qrs.,	7½ lbs.	

## DISEASES OF ANIMALS ACTS.

The Acts confer power on the Ministry of Agriculture and Fisheries to make Orders for the control and prevention of animal diseases, to govern the import and export of animals and carcasses, to control the conditions of transport of animals

by land and sea, and for other similar purposes. The following diseases are subject to administrative control by means of Orders by the Ministry :—

Anthrax.

Foot and Mouth Disease.

Parasitic Mange of Horses.

Sheep Scab.

Swine Fever.

Bovine Tuberculosis and Contagious Abortion (for certain purposes only).

Fowl Pest.

Atrophic Rhinitis.

Cattle plague or Rinderpest (1877).

Contagious Bovine Pleuro-pneumonia (1898).

Epizootic Lymphangitis (1906).

Glanders and Farcy (1928).

Rabies (1922).

Sheep Pox (1850).

There have been no cases of the last six diseases in Great Britain since the date shown against each. Rabies has occurred in imported dogs in this country in recent years but the animals affected were undergoing their six months' quarantine.

**Anthrax.**—The number of anthrax cases in Great Britain dropped from 1,245 in 1956 to 318 in 1957. During the year five suspected cases were notified within the city boundary, but proved negative on investigation. One bovine carcass found to be infected in the Lothians was disposed of at Seafeld refuse disposal plant. In addition, 141 sheep, 11 pigs, 3 calves, 2 cows, 2 bullocks were found dead at the markets, railway sidings and abattoir. These were examined for anthrax but all proved negative.

**Foot and Mouth Disease.**—The number of confirmed cases of Foot and Mouth Disease (for the whole of Great Britain) rose from the total of 162 in 1956 to 184 for 1957, the highest for five years. This entailed the slaughter of 30,432 animals. There were no outbreaks of the disease in the city, nor were there any restrictions placed on the movement of stock during the year.

The following Orders, which are more or less complementary to the principal Foot and Mouth Disease Orders, have continued in operation, and observations and visits necessary for their enforcement have been made :—Importation of Hay and Straw Order; Foot and Mouth Disease (Packing Materials) Order; Importation of Carcasses and Animal Products Order; Importation of Meat etc. (Wrapping Materials) Order; Movement of Animals (Records) Order. In connection with the latter Order, a twice-yearly check of the record books of the stock owners in the city was again made with the assistance of the police.

### **The Diseases of Animals (Waste Foods) Order, 1957.**

The Gowers Committee, which was set up to study various aspects of Foot and Mouth Disease, recommended that all substantial collectors of waste food should be required to obtain a licence imposing on them an obligation to use an approved boiling plant which would be periodically inspected. The above Order

places the responsibility for inspecting and licensing of boiling plants on the local authority. In addition precautions must be taken to prevent the access of animals to unboiled swill and to prevent the mixing of uncooked with boiled swill. Swill must be boiled for at least one hour.

The Order came into force on 1st June but prior to this date all stock owners in the city were sent a circular letter which outlined the main provision of the Order and drew attention to the requirement that anyone who fed swill must apply for a licence for their boiling plant. A visit was paid to all applicants and generally, conditions were found to be satisfactory. The main defect encountered was the dumping of raw swill in places to which poultry, pigs or cats could gain access. This was overcome either by installing extra boiling tanks or by the provision of covered bins. The first method was better but in some big farms was quite impracticable. The common method of boiling was by steam injection into a metal tank, the steam being produced either in a coal or oil fired boiler. On only two farms was there a pressure cooker. Check visits were also paid to other stock feeders in the city to ensure that no swill was being used. A total of 116 visits were paid and in December a total of 61 pig breeders had licensed plants.

**Swine Fever.**—The number of confirmed cases in Great Britain rose from a total of 741 in 1956 to 960 for this year. In the city there was one outbreak of Swine Fever and this occurred in a breeding and feeding herd. The death rate was small except in newly born piglets, and the owner decided to vaccinate rather than kill off his herd. This vaccination was successful in saving the breeding stock and restrictions were withdrawn after 24 weeks.

The Regulation of Movement of Swine Order, 1954, states that no sale of pigs can be held unless it is authorised by the local authority. John Swan & Sons, and Oliver and Son Ltd., New Mart Road, were authorised to hold markets and all store pigs leaving the premises could only do so under licence. During the year, 11,189 pigs were licensed from Swan's and 43,620 pigs from Oliver's necessitating the issue of 3,421 licences.

The Regulation of Movement of Swine Amendment Order, 1955, requires also the licensing of pigs from Fatstock Centres, and during the year, 16,943 pigs were licensed requiring the issue of 265 licences.

**Bovine Tuberculosis.**—As in 1956 no tubercular cows were found on routine inspection of city byres.

**Fowl Pest.**—There were 1,034 notified cases in Great Britain of this disease during 1957. No outbreaks occurred in the city.

**Sheep Scab.**—There have been no cases of Sheep scab in Great Britain. The number of sheep dipped at the Corporation market in 1957 was 3,158.

**Warble Fly.**—Under the Warble Fly (Dressing of Cattle) Order of 1948, all cattle infested with Warble Fly must, during the months from March to June,



be dressed periodically by the owner. During the year, 26 visits were paid to stock owners in the city by the Assistant Veterinary Inspector in order to ensure their co-operation in carrying out this dressing.

## IMPORTATION OF ANIMALS.

(1) **Irish Cattle.**—The Order which controls the importation of Irish cattle provides that the imported cattle must be landed at ports approved for the purpose where, on arrival, they are inspected and thereafter may be moved on licence, in the case of fat cattle to a slaughterhouse either direct or through an authorised market, and in the case of store cattle to (a) a specially authorised market, or (b) farms or other premises where they must be detained for six days after arrival. At Gorgie market 15,445 Irish cattle were received under licence from ports and 1,138 licences were issued authorising movement of these cattle from the market. There were 544 Irish cattle moved to farms in the district of the local authority from the markets or direct from the ports, and they were maintained under observation during the period of detention. A total of 4,773 fat Irish cattle and 48 sheep were licensed from the ports to Gorgie abattoir.

(2) **Dogs and Cats.**—The Importation of Dogs and Cats Order, 1938, is intended to protect Great Britain against the introduction of rabies through the agency of canine and feline animals brought from overseas. The landing of such animals in Great Britain is prohibited except under licence granted by the Ministry of Agriculture. After landing, the animals must be detained for six months in a place of detention or quarantine approved by the Ministry for the purpose. During the year, 30 dogs and 6 cats were received and detained in the city in quarantine. They were maintained under observation and police supervision.

**Certification for Export.**—Many countries abroad require the disinfection and certification of straw, hay and sacks used for packing goods exported to them from this country. This disinfection is still being carried out satisfactorily by the Edinburgh Hygienic Company. During the year 12 certificates were issued for the disinfection of straw and 2 certificates for hessian bags.

Certain countries require a certificate stating that imported animal products are free from disease and 111 certificates were issued in respect of wool exported to Italy; 5 for wool to South Africa; 2 for wool to Israel. Other countries require a certificate stating that the imported foodstuffs are sound and have been handled in a hygienic manner in this country. During the year 10 certificates were issued in respect of dried fish to Cuba, Trinidad and Egypt; and 19 in respect of sausage skins to France, Italy and Sweden; 36 certificates were issued in respect of frozen fish (Squid) to Italy.



## EXPORT OF CATTLE TO THE CONTINENT.

As this trade developed from Ports in England as well as Leith and Dundee it aroused an increasing storm of protests from the general public that the long rail journeys on this side, followed by sea travel and the long rail journeys on the Continent, exposed the cattle to unnecessary suffering. On the 26th February 1957, the Export Cattle Protection Order came into force which required that cattle be rested, fed and watered at ports before shipment. It also gave power to veterinary inspectors to prohibit the shipment of animals found unfit to stand the journey. In February a Committee under the chairmanship of Lord Balfour, investigated the trade not only in this country, but also on the Continent. In their report they agreed that cattle should not be subjected to long rail journeys on the Continent, and that slaughtering facilities should be the same as in this country, *e.g.* lairage accommodation, method of slaughter, etc. On 22nd August the Export of Cattle Protection (Amendment) Order, 1957, came into force requiring compulsory veterinary examination before embarkation and stipulating new requirements for lairage accommodation. The lairage at Leith Docks did not meet the new requirements and the trade stopped from this port. A total of 976 cattle were exported prior to this date and five were rejected on veterinary examination because of lameness. They were consigned to Gorgie abattoir for slaughter.

During the year 12,588 sheep, 1,232 lambs, 69 cattle, 35 ponies, 2 lions 1 elephant and 1 giraffe were landed at Leith Docks from coastwise vessels (mainly from Orkney and Shetland). The giraffe was found dead, but examination for anthrax proved negative. The cleansing and disinfection of the vessels after landing of the animals were carried out under the supervision of the officers of the local authority.

**Pet Animals Act, 1951.**—This Act controls the sale of pet animals and during the year 31 pet shops were licensed by the local authority. Ninety-three visits were made and no serious contraventions of the Act were encountered. No complaints of cruelty were received from the public.

The Transit of Animals Order is similarly designed to protect animals during transit by road or rail and, in addition, prescribes cleansing and disinfection of cattle trucks, motor and horse-drawn vehicles used in the transport of animals. The Markets Committee has continued to provide facilities and labour at Gorgie markets for the cleansing and disinfection of road vehicles. During the year 3,952 vehicles were cleansed and disinfected, an average of 76 vehicles per week. The railway officials have satisfactorily discharged their obligation in the cleansing and disinfection of cattle trucks and approaches.

**Market, Sales and Lair Order.**—This Order regulates many features in the construction of livestock markets and provides for cleansing and disinfection on each occasion after use. All the markets at Gorgie are well constructed for efficient and relatively easy disinfection. Regular supervision has been maintained and the work generally has been well done.

**Farms.**—The department has continued to provide the clinical services required in connection with the stocks at Roddinglaw and Bangour Farms.

**Papers published.**—The following papers were published during the year :—

- “ Canicola Fever In Man Through Contact With Infected Pigs ” (Co-authors—Joyce D. Coghlan, Ph.D., B.Sc., and H. E. Seiler, M.D., F.R.C.P.Ed., D.P.H.).
- “ Salm. Thompson Gastro-Enteritis ” (Co-authors—Helen A. Wright, M.B., Ch.B., D.P.H., and Alastair Orr).
- “ Observations On Contamination of Large Steak Pies With *Clostridium welchii* ” (Co-author—J. G. Collee, M.B., Ch.B.).

**Police Stud.**—Thirty-eight visits of inspection were paid to the Police Stud.

**Police Services.**—I wish to express my gratitude to the Chief Constable for his willing co-operation, and to the officers of the police force whose assistance has contributed materially to the efficient performance of the duties under the Diseases of Animals Acts.

# DEVELOPMENT OF HEALTH SERVICES.

as shown by Municipal Expenditure,

The development of Public Health Services consequent on the introduction of new schemes from time to time is shown in the following table of Municipal Expenditure :—

Year		Gross Expenditure	Revenue	Net Expenditure
1909-10		£35,159	£699	£34,460
1912-13	T.B. Scheme begun.	37,618	2,690	34,928
1915-16		56,827	12,997	43,830
1916-17	C.W. Scheme begun.	58,323	23,216	35,107
1917-18		75,198	30,552	44,646
1918-19	V.D. Scheme begun.	99,563	43,029	56,534
1919-20		130,877	49,138	81,739
1920-21	Amalgamation with Leith.	210,875	89,098	121,777
1929-30		*182,136	62,559	119,577
1930-31	Includes General Hospitals and Mental Institutions.	*394,088	48,070	346,018
1931-32		*354,499	48,205	306,294
1937-38		*473,940	81,964	391,976
1938-39	Hospital Beds increased for war emergencies.	*456,037	84,633	371,404
1939-40		*587,474	198,958	388,516
1940-41		*659,472	242,347	417,125
1941-42		*769,959	323,653	446,306
1942-43		*842,335	371,534	470,801
1943-44		*930,615	455,960	474,655
1944-45		*1,092,064	587,011	505,053
1945-46		*1,067,063	626,634	440,429
1946-47		*1,126,854	536,601	590,253
1947-48		*1,218,062	665,592	552,470
1948-49	Hospitals transferred to Regional Boards.	*254,450	132,635	121,815
1949-50		*284,883	143,748	141,135
1950-51		*328,250	166,722	161,528
1951-52		*341,287	173,568	167,719
1952-53		*410,937	211,011	199,926
1953-54		*393,647	171,338	222,309
1954-55		*408,291	182,970	225,321
1955-56		*445,887	231,882	214,005
1956-57		*465,000	233,570	231,430

\* Interest and Debt Charges included.

## Number of Employees at 31st December 1957.

	Medical Officers	Dental Officers	In-spectors	Admin. and Clerical Assists., etc.	Health Visitors and Midwives	Nursing Staff	Almoner, Masseuse, Chiro-podist, Oral Hygienist etc.	Home Helps	Domestic Staff	Porters and other Male Staff	Cleaners and other Female Staff	Total
1. PUBLIC HEALTH—												
Medical Officer's Department ...	7	...	...	28	1	...	1	...	...	...	...	37
Sanitary Service ...	...	...	38	2	...	...	...	...	...	...	1	41
Veterinary Service ...	...	...	10	2	...	...	...	...	...	...	...	12
Tuberculosis Service ...	1	...	...	3	14	11	...	...	4	1	...	34
Maternity and Child Welfare Service, includes Day Nurseries, Midwifery, Welfare Foods and Home Helps ...	†9	4	...	*36	83	184	1	*199	*93	12	...	621
Venereal Diseases Service ...	...	...	...	...	1	...	...	...	...	...	...	1
Motor Vans and Disinfecting Station	...	...	...	...	...	...	...	...	...	7	1	8
2. SCHOOL HEALTH SERVICE ...	10	14	...	27	25	1	3	...	...	2	*8	90
	27	18	48	98	124	196	5	199	97	22	10	844

\* 148 of the Home Helps, 46 of the Domestic Staff, 10 Clerical Assistants and 7 Cleaners are employed on a part-time basis.

† Includes 1 Medical Officer engaged in Triple-Antigen Investigation and 1 Medical Officer part-time School Health Service.





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